

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005132

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** MARINE RESOURCES DEVELOPMENT FOUNDATION, INC.

**Current Principal Place of Business:**

PO BOX 787  
KEY LARGO, FL 33037

**New Principal Place of Business:**

51 SHORELAND DRIVE  
KEY LARGO, FL 33037

**Current Mailing Address:**

PO BOX 787  
KEY LARGO, FL 33037

**New Mailing Address:**

**FEI Number:** 67-0258256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOBLICK, IAN G  
51 SHORELAND DR  
KEY LARGO, FL 33037 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: KOBLICK, IAN G  
Address: 51 SHORELAND DR  
City-St-Zip: KEY LARGO, FL 33037

Title: S ( ) Delete  
Name: KOBLICK, TONYA A  
Address: 51 SHORELAND DR  
City-St-Zip: KEY LARGO, FL 33037

Title: T ( ) Delete  
Name: SMENDA, JOANN  
Address: 1109 GRAND ST  
City-St-Zip: KEY LARGO, FL 33037

Title: V ( ) Delete  
Name: HUGHES, GINETTE  
Address: PO BOX 373203  
City-St-Zip: KEY LARGO, FL 33037

Title: VP ( ) Delete  
Name: MITCHELL, ARTHUR  
Address: PO BOX 2397  
City-St-Zip: KEY LARGO, FL 33037

Title: V ( ) Delete  
Name: RUSSELL, BOB  
Address: 240 TREASURE HARBOR DRIVE  
City-St-Zip: ISLAMORADA, FL 33036

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN SMENDA

T

04/26/2007

Electronic Signature of Signing Officer or Director

Date