

70


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
May 21, 2004 8:00 am  
Secretary of State

04-28-2004 90275 030 \*\*\*\*70.00

**DOCUMENT # N37855**

1. Entity Name  
**MBE CONSTRUCTION AND MARINE INSTITUTE, INC.**  
 (A NOT-FOR-PROFIT EDUCATIONAL AND RESEARCH



Principal Place of Business      Mailing Address

**PO BOX 1444**      **PO BOX 1444**  
**NEW SMYRNA BEACH FL 32170**      **NEW SMYRNA BEACH FL 32170**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

*610 757 Pecan ST.*      *610 Box 358*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

*Pierson, Florida*      *Pierson, Florida*

Zip      Country      Zip      Country

*32180*      *USA*      *32180*      *USA*

4. FEI Number      Applied For

**59-3009908**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**SICILIA, TERRENCE R**  
**4 PALM DR**  
**ORMOND BEACH FL 32176**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW! FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME	D <input type="checkbox"/> Delete <b>CROWE, DALE C</b>
STREET ADDRESS	<b>4015 CREST RIDGE DR.</b>
CITY-ST-ZIP	<b>NEW SMYRNA BCH FL 32168</b>
TITLE NAME	D <input type="checkbox"/> Delete <b>GRASS, EDWARD B</b>
STREET ADDRESS	<b>17 BRANDY HILL DR.</b>
CITY-ST-ZIP	<b>PORT ORANGE FL 32119</b>
TITLE NAME	D <input type="checkbox"/> Delete <b>SICILIA, TERRENCE R</b>
STREET ADDRESS	<b>4 PALM DR.</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>
TITLE NAME	<i>DIR</i> <input type="checkbox"/> Delete <b>HAMEL, DENNIS G</b>
STREET ADDRESS	<b>P.O. BOX 291221</b>
CITY-ST-ZIP	<b>PORT ORANGE, FL 32129-1221</b>
TITLE NAME	<i>DIR</i> <input type="checkbox"/> Delete <b>PIERCE, CLYDE W.</b>
STREET ADDRESS	<b>2067 OLD DAYTONA RD</b>
CITY-ST-ZIP	<b>PORT ORANGE FL 32128</b>
TITLE NAME	<i>DIR</i> <input type="checkbox"/> Delete <b>SMITH, RICHMOND</b>
STREET ADDRESS	<b>7208 PARKER SCHOOL ROAD #3</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FLA. 32211</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*APR 23, 2004*