2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006471

Entity Name: THE CORAL RESTORATION FOUNDATION INC

FILED
Jun 07, 2020
Secretary of State
5657855725CC

Current Principal Place of Business:

89111 OVERSEAS HIGHWAY TAVERNIER, FL 33070

Current Mailing Address:

89111 OVERSEAS HIGHWAY TAVERNIER, FL 33070 US

FEI Number: 65-1054647 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

1535 FRONTIER DRIVE

ALEXANDER, JULIE ANN 89111 OVERSEAS HIGHWAY TAVERNIER, FL 33070 US

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: JULIE ALEXANDER 06/07/2020

Address

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Address

Title VC Title DIRECTOR

Name SPLITT, DAVID Name MILLER, STEVEN DR

City-State-Zip: MELBOURNE FL 32940 City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR Title **SECRETARY** Name BOILINI, JAMES GROSS, PATTI Name Address **544 SOUND DRIVE** Address 140 STROMBOLI DRIVE City-State-Zip: KEY LARGO FL 33037 City-State-Zip: ISLAMORADA FL 33036

Title CEO Title DIRECTOR

Name WINTERS, SCOTT Name FRINK, STEPHEN

Address 6441 BARRACUDA LANE Address 100750 OVERSEAS HIGHWAY

City-State-Zip: KEY LARGO FL 33037 City-State-Zip: KEY LARGO FL 33037

Title CHAIRMAN Title ACCOUNTING MANAGER, AGENT

Name WING, DAVID Name JULIE, ALEXANDER ANN
Address 9722 MOREL COURT Address 89111 OVERSEAS HIGHWAY

City Coats 7 in TAVERNIER FL 20070

City-State-Zip: INDIANAPOLIS IN 46256 City-State-Zip: TAVERNIER FL 33070

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I hereby 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 all other like empowered.

SIGNATURE: JULIE ALEXANDER

ACCOUNTING MANAGER

62 SUNSET RD

06/07/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name SIMON, SASCHA Address 43 RIDGEFIELD RD

City-State-Zip: WARWICK NY 10990