

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006471

**FILED**  
**Apr 01, 2013**  
**Secretary of State**  
**CC0840498078**

**Entity Name:** THE CORAL RESTORATION FOUNDATION INC

**Current Principal Place of Business:**

5 SEAGATE BLVD  
KEY LARGO, FL 33037

**Current Mailing Address:**

PO BOX 712  
TAVERNIER, FL 33070

**FEI Number:** 65-1054647

**Certificate of Status Desired:** Yes

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

NEDIMYER, KENNETH  
212 SILVER PALM AVE  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name NEDIMYER, KENNETH  
Address 212 SILVER PALM AVE  
City-State-Zip: TAVERNIER FL 33070

Title SEC/TREAS  
Name SPLITT, DAVID  
Address 6111 UTAH AVE, NW  
City-State-Zip: WASHINGTON DC 20015

Title CHAIRMAN  
Name ECHEVERRIA, MIKE  
Address 3108 OAKLYN AVE  
City-State-Zip: TAMPA FL 33609

Title D  
Name ADAM, SPECTOR  
Address 855 FOLSOM ST  
City-State-Zip: SAN FRANCISCO CA 94107

Title D  
Name MAKEPEACE, DAVID  
Address 83311 OLD HIGHWAY  
City-State-Zip: ISLAMORADA FL 33070

Title D  
Name JEFF, TURNER  
Address 4801 JOHNSON RD, SUITE 10  
City-State-Zip: COCONUT CREEK FL 33073

Title DIRECTOR  
Name MILLER, STEVEN DR  
Address 8000 N. OCEAN DRIVE  
City-State-Zip: DANIA FL 33004

Title DIRECTOR  
Name NEDIMYER, DENISE H  
Address 212 SILVER PALM AVE  
City-State-Zip: TAVERNIER FL 33070

**Continues on page 2**

*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:** KENNETH NEDIMYER

**PRES**

**04/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           GAINES, KEVIN  
Address        3823 E. COQUINA WAY  
City-State-Zip: WESTON FL 33330

Title           DIRECTOR  
Name           SLATE, AMY  
Address        10450 OVERSEAW HWY  
City-State-Zip: KEY LARGO FL 33037