#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006471

Entity Name: THE CORAL RESTORATION FOUNDATION INC

FILED
Mar 09, 2016
Secretary of State
CC0131383396

### **Current Principal Place of Business:**

5 SEAGATE BLVD KEY LARGO. FL 33037

## **Current Mailing Address:**

5 SEAGATE BLVD.

KEY LARGO. FL 33037 US

FEI Number: 65-1054647 Certificate of Status Desired: No

### 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: KENNETH NEDIMYER 03/09/2016

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	P	Title	SEC/TREAS
Name	NEDIMYER, KENNETH	Name	SPLITT, DAVID
Address	212 SILVER PALM AVE	Address	6111 UTAH AVE, NW
City-State-Zip:	TAVERNIER FL 33070	City-State-Zip:	WASHINGTON DC 20015

Title CHAIRMAN Title D

NameECHEVERRIA, MIKENameSPECTOR, ADAMAddress3108 OAKLYN AVEAddress855 FOLSOM ST

City-State-Zip: TAMPA FL 33609 City-State-Zip: SAN FRANCISCO CA 94107

Title D Title D

Name MAKEPEACE, DAVID Name TURNER, JEFF

Address 83311 OLD HIGHWAY Address 4801 JOHNSON RD, SUITE 10
City-State-Zip: ISLAMORADA FL 33070 City-State-Zip: COCONUT CREEK FL 33073

Title DIRECTOR Title DIRECTOR

NameMILLER, STEVEN DRNameNEDIMYER, DENISE HAddress8000 N. OCEAN DRIVEAddress212 SILVER PALM AVECity-State-Zip:DANIA FL 33004City-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 PRESIDENT 03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameGAINES, KEVINNameSLATE, AMY

Address 3823 E. COQUINA WAY Address 10450 OVERSEAW HWY
City-State-Zip: WESTON FL 33330 City-State-Zip: KEY LARGO FL 33037