

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001241

**Entity Name:** MATLACHA MARINERS, INC.

**Current Principal Place of Business:**

4618 PINE ISLAND RD. NW.  
#1B  
MATLACHA, FL 33993

**FILED**  
**May 01, 2018**  
**Secretary of State**  
**CC9957410938**

**Current Mailing Address:**

PO BOX 21  
MATLACHA, FL 33993

**FEI Number: 02-0635879**

**Certificate of Status Desired: No**

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

TOLLIVER, JERRY  
4618 PINE ISLAND ROAD  
#1B  
MATLACHA, FL 33993 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            PRESIDENT, DIRECTOR  
Name            VANKIRK, WARREN  
Address        PO BOX 21  
City-State-Zip: MATLACHA FL 33993

Title            VP, DIRECTOR  
Name            VANKIRK, GREG  
Address        PO BOX 21  
City-State-Zip: MATLACHA FL 33993

Title            DIRECTOR  
Name            BAGRANOFF, ERIC  
Address        PO BOX 21  
City-State-Zip: MATLACHA FL 33993

Title            ASST. TREASURER, DIRECTOR  
Name            RICK , WILLIAMS  
Address        PO BOX 21  
City-State-Zip: MATLACHA FL 33993

Title            TREASURER, DIRECTOR  
Name            TOLLIVER, JERRY  
Address        PO BOX 21  
City-State-Zip: MATLACHA FL 33993

Title            SECRETARY, DIRECTOR  
Name            REED, WAYNE  
Address        PO BOX 21  
City-State-Zip: MATLACHA FL 33993

Title            DIRECTOR  
Name            ALLMAN, JOHN  
Address        PO BOX 21  
City-State-Zip: MATLACHA FL 33993

Title            DIRECTOR  
Name            CRUCKSHANK, ROY  
Address        PO BOX 21  
City-State-Zip: MATLACHA FL 33993

*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: JERRY TOLLIVER**

**TREASURER**

**05/01/2018**

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

\_\_\_\_\_  
Date