

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004359

**Entity Name:** MARINE FAMILIES, INC.

**Current Principal Place of Business:**

5205 N. 12TH STREET  
TAMPA, FL 33603

**Current Mailing Address:**

P.O. BOX 7915  
TAMPA, FL 33673

**FEI Number:** 02-0775646

**Certificate of Status Desired:** No

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

DEATHE, STELLA C.  
5205 N 12TH STREET  
TAMPA, FL 33603 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:** STELLA C DEATHE

01/19/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D/P  
Name DEATHE, STELLA CYD  
Address 5205 N. 12TH ST.  
City-State-Zip: TAMPA FL 33603

Title D/V  
Name QUAILES, DEMONTA  
Address 3408 KENLEY COURT  
City-State-Zip: CHESAPEAKE VA 23321

Title D  
Name NOVATKO, KIM  
Address 22935 BAY CEDAR DRIVE  
City-State-Zip: LAND O'LAKES FL 34639

Title D  
Name SARDINAS, KYMBERLY  
Address 5807 N. CENTRAL AVENUE  
City-State-Zip: TAMPA FL 33604

Title TREASURER  
Name MILLICAN, BARBARA  
Address 3838 SHORE BLVD.  
City-State-Zip: OLDSMAR FL 34677

Title BOD  
Name MAXIMO, KRISTIN MARIE  
Address 18058 ARBOR CREST DRIVE  
City-State-Zip: TAMPA FL 33747

*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:** STELLA C DEATHE

**DIRECTOR**

01/19/2017

Electronic Signature of Signing Officer/Director Detail

Date