

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**May 01, 2024**

**Secretary of State**

**2870460764CC**

DOCUMENT# N11000009476

**Entity Name:** THE CORAL REEF ALLIANCE, INC.

**Current Principal Place of Business:**

548 MARKET STREET SUITE 29802  
SAN FRANCISCO, CA 94104-5401

**Current Mailing Address:**

548 MARKET STREET SUITE 29802  
SAN FRANCISCO, CA 94104-5401 US

**FEI Number:** 94-3211245

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 SECRETARY  
Name TRATT, ADAM  
Address 7508 FAIRWAY DRIVE NE  
City-State-Zip: SEATTLE WA 98115

Title AUTHORIZED REP  
Name NORMAN, AMANDA  
Address 3414 144TH AVENUE  
City-State-Zip: DORR MI 49323

Title DIRECTOR  
Name STARCK, HEATHER  
Address 7624 LOST TREE ROAD  
City-State-Zip: WILMINGTON NC 28411

Title AUTHORIZED REP  
Name MYERS, HEIDI  
Address 7880 RED JACKET WAY  
City-State-Zip: JESSUP MD 20794

Title AUTHORIZED REP  
Name FOX, HELEN  
Address 7435 BALTIMORE AVENUE  
City-State-Zip: TAKOMA PARK MD 20912

Title AUTHORIZED REP  
Name MYTON, JENNIFER  
Address 140 BAYWOOD AVENUE  
City-State-Zip: PITTSBURGH PA 15228

Title PRESIDENT  
Name RYAN, KIRBY  
Address 646 OCEAN PARK BLVD  
City-State-Zip: SANTA MONICA CA 90405

Title VP  
Name BENNETT, MIKE  
Address 1 MONTAGUE PLACE  
City-State-Zip: SAN FRANCISCO CA 94133

**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:** HEATHER STARCK

**AUTHORIZED PERSON**

**05/01/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER

Name           WATT, ROB

Address        120 AMITY ST,

City-State-Zip: BROOKLYN NY 11201