

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37855

Entity Name: MBE CONSTRUCTION AND MARINE INSTITUTE, INC. (A NOT-FOR-PROFIT EDUCATIONAL AND RESEARCH FOUNDATION)**FILED**
Apr 04, 2016
Secretary of State
CC9341493324**Current Principal Place of Business:**257 PECAN ST
PIERSON, FL 32180**Current Mailing Address:**C/O BOX 265278
DAYTONA BEACH, FL 32126 US**FEI Number: 59-3009908****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SICILIA, TERRENCE R
14 PALM DR
ORMOND BEACH, FL 32176 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	D
Name	SICILIA, TERRENCE R
Address	14 PALM DR.
City-State-Zip:	ORMOND BEACH FL 32176

Title	D
Name	BRYANT, ISAAC
Address	269 OLEANDER
City-State-Zip:	ORMOND BEACH FL 32174

Title	D
Name	MARTINEZ, GRACIELLA
Address	533 NORTH NOVA ROAD-106
City-State-Zip:	ORMOND BEACH FL 32174

Title	DIRECTOR
Name	SICILIA, TERRENCE R II
Address	257 PECAN STREET
City-State-Zip:	PIERSON FL 32180

Title	DIRECTOR
Name	SICILIA, TERRENCE R IV
Address	240--7TH STREET
City-State-Zip:	HOLLY HILL FL 32117

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: TERRENCE RALPH SICILIA**DIRECTOR****04/04/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date