

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 191967

**Entity Name:** FLORIDA DOCKING MASTERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4666 HARBOUR NORTH COURT.  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

P.O. BOX 351378  
JACKSONVILLE, FL 32235

**FEI Number: 59-0773415**

**Certificate of Status Desired: No**

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

STEARNS, ROBERT L  
4666 HARBOUR NORTH COURT  
JACKSONVILLE, FL 32225 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 VP  
Name THOMAS, FREDERICK  
Address 10572 FLORA SPRINGS RD. S.  
City-State-Zip: JACKSONVILLE FL 32219

Title TREASURER/VP  
Name STEARNS, ROBERT L  
Address 4666 HARBOUR NORTH CT  
City-State-Zip: JACKSONVILLE FL 32277

Title VP  
Name HOGG, GEORGE  
Address 7768 LYNCHBURG CT E.  
City-State-Zip: JACKSONVILLE FL 32277

Title P  
Name JAMES, FRUDAKER  
Address 1400 LAWRENCE PLACE  
City-State-Zip: JACKSONVILLE FL 32211

Title VP  
Name RAMSEY, DANIEL  
Address 3461 PINE AVE.  
City-State-Zip: JACKSONVILLE FL 32218

Title M  
Name BROOKS, RANDALL  
Address 8659 RANCHWOOD LN  
City-State-Zip: ST. AUGUSTINE FL 32092

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT L STEARNS**

**TREASURER/VP**

**01/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date