

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005132

Entity Name: MARINE RESOURCES DEVELOPMENT FOUNDATION, INC.**Current Principal Place of Business:**51 SHORELAND DRIVE
KEY LARGO, FL 33037**Current Mailing Address:**PO BOX 787
KEY LARGO, FL 33037**FEI Number:** 67-0258256**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KOBlick, IAN G
51 SHORELAND DR
KEY LARGO, FL 33037 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 CP
Name KOBlick, IAN G
Address 51 SHORELAND DR
City-State-Zip: KEY LARGO FL 33037

Title SECRETARY, DIRECTOR
Name KOBlick, TONYA A
Address 51 SHORELAND DR
City-State-Zip: KEY LARGO FL 33037

Title T
Name SMENDA, JOANN
Address 1109 GRAND ST
City-State-Zip: KEY LARGO FL 33037

Title CEO
Name HUGHES, GINETTE
Address 567 LAGOON LANE
City-State-Zip: KEY LARGO FL 33037

Title V
Name RUSSELL, BOB
Address 220 TIDE AVE
City-State-Zip: TAVERNIER FL 33036

Title CORRESPONDING SECRETARY,
DIRECTOR
Name MCCUE, KATHLEEN DR.
Address 9118 MCDONALD DRIVE
City-State-Zip: BETHESDA MD 20817

Title DIRECTOR
Name STONE, DAVID
Address 915 MIAMI CENTER
201 S BISCAYNE BLVD
City-State-Zip: MIAMI FL 33037

Title DIRECTOR
Name MONNEY, NEIL
Address 49 SHORELAND DRIVE
City-State-Zip: KEY LARGO FL 33037

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: JOANN SMENDA**TREASURER****04/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MULLEN, CRAIG
Address PO BOX 49
 12 HAWKS CIRCLE
City-State-Zip: SIASCONSET MA 02564

Title DIRECTOR
Name TOLLEY, SHAWN
Address 102411 OVERSEAS HWY
City-State-Zip: KEY LARGO FL 33037