

2014 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	T
Name	SMENDA, JOANN
Address	1109 GRAND ST
City-State-Zip:	KEY LARGO FL 33037

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

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

Title	V
Name	HUGHES, GINETTE
Address	PO BOX 373203
City-State-Zip:	KEY LARGO FL 33037

Title	DIRECTOR
Name	DUCANES, KRISTINA
Address	3920 EVANS RD
City-State-Zip:	DELRAY BEACH FL 33445

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****04/17/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date