#### **2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000005132

Entity Name: MARINE RESOURCES DEVELOPMENT FOUNDATION, INC.

FILED
Mar 17, 2021
Secretary of State
6665251195CC

# **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: Yes

# 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:

City-State-Zip:

MIAMI FL 33037

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	CHAIRMAN, PRESIDENT	Title	DIRECTOR
Name	KOBLICK, IAN G	Name	KOBLICK, TONYA A

Address 51 SHORELAND DR Address 51 SHORELAND DR

City-State-Zip: KEY LARGO FL 33037 City-State-Zip: KEY LARGO FL 33037

Title T Title CEO

 Name
 SMENDA, JOANN
 Name
 HUGHES, GINETTE

 Address
 1109 GRAND ST
 Address
 567 LAGOON LANE

 City-State-Zip:
 KEY LARGO FL 33037
 City-State-Zip:
 KEY LARGO FL 33037

TitleVP, DIRECTORTitleSECRETARY, DIRECTORNameRUSSELL, BOBNameMCCUE, KATHLEEN DR.Address220 TIDE AVEAddress9118 MCDONALD DRIVE

City-State-Zip: TAVERNIER FL 33036 City-State-Zip: BETHESDA MD 20817

TitleDIRECTORTitleDIRECTORNameSTONE, DAVIDNameMONNEY, NEIL

Address 915 MIAMI CENTER Address 49 SHORELAND DRIVE

201 S BISCAYNE BLVD 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 03/17/2021

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

DIRECTOR Title

MULLEN, CRAIG Name

Address

PO BOX 49

City-State-Zip: SIASCONSET MA 02564

12 HAWKS CIRCLE

Title

DIRECTOR

TOLLEY, SHAWN

Name Address

102411 OVERSEAS HWY

City-State-Zip: KEY LARGO FL 33037