

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

04-26-2004 90543 005 ****61.25

DOCUMENT # 722255

1. Entity Name
**MARINE INDUSTRIES ASSOCIATION OF GREATER
TAMPA BAY INC.**



Principal Place of Business
**3530 1ST AVE N.
109
ST PETERSBURG, FL 33713**

Mailing Address
**3530 1ST AVE N.
ST PETERSBURG, FL 33713**

66423623



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1559899

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLASS, WILLIAM C
7604 4TH AVE DR NW
BRADENTON, FL 34209**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William C Glass

WILLIAM C GLASS

4/15/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **VD**
STREET ADDRESS **MASSAY, GEORGE**
CITY-ST-ZIP **716 BAYWAY BLVD #2
CLEARWATER BEACH, FL 33767**

TITLE ☐ Change ☒ Addition
NAME **ROB BRITTS**
STREET ADDRESS **1511 N. WESTSHORE BLVD, SUITE 500**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **GLASS, WILLIAM C**
CITY-ST-ZIP **7604 4TH AVE DR. NW
BRADENTON, FL 34209**

TITLE ☐ Change ☒ Addition
NAME **JOEL COOPER**
STREET ADDRESS **5821 DORY WAY**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **BAIR, DAVID M**
CITY-ST-ZIP **235 WINDWARD PASSAGE
CLEARWATER, FL 33765**

TITLE ☐ Change ☒ Addition
NAME **RICHARD JOHNSON**
STREET ADDRESS **6800 SUNSHINE SKYWAY LANE**
CITY-ST-ZIP **ST. PETE FL 33711**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BARRETT, SUSAN**
CITY-ST-ZIP **5760 80TH AVE
PINELLAS PARK, FL 33781**

TITLE ☐ Change ☒ Addition
NAME **STEPHANIE MALONE**
STREET ADDRESS **3284 MORRIS ST. N**
CITY-ST-ZIP **ST PETE FL 33713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **KEN SPENCER**
CITY-ST-ZIP **885 AM ST. N
SAFETY HARBOR FL 34695**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William C Glass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/04 941-360-6777

Date

Daytime Phone #