

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 03, 2012
Secretary of State

Entity Name: RPM NAUTICAL FOUNDATION, INC.

Current Principal Place of Business:

RPM NAUTICAL FOUNDATION
7009 SHRIMP ROAD, UNIT 3
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

RPM NAUTICAL FOUNDATION
7009 SHRIMP ROAD, UNIT 3
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 52-2253745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: STEWART, DAVID
Address: 302 E 9TH STREET
City-St-Zip: GREENVILLE, NC 27858

Title: SGCD
Name: GOOLD, JAMES A
Address: 1201 PENNSYLVANIA AVENUE, N.W., STE 1063-D
City-St-Zip: WASHINGTON, DC 200042401

Title: D
Name: ROBB, GEORGE
Address: 3730 SUNRISE LANE
City-St-Zip: KEY WEST, FL 33040 US

Title: T
Name: ROYAL, JEFFREY G
Address: 19508 NAVJO STREET
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: D
Name: DELGADO, JAMES P
Address: 1305 EAST WEST HIGHWAY, SSMC4 NOS/ONMS
City-St-Zip: SILVER SPRING, MD 20910

Title: D
Name: MALCOM, COREY
Address: 200 GREENE STREET
City-St-Zip: KEY WEST, FL 33040

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: JEFFREY G. ROYAL

T

02/03/2012

Electronic Signature of Signing Officer or Director

_____ Date