

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005132

FILED
Apr 18, 2006
Secretary of State

Entity Name: MARINE RESOURCES DEVELOPMENT FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 787
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

PO BOX 787
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 67-0258256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOBLICK, IAN G
51 SHORELAND DR
KEY LARGO, FL 33037 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: CP () Delete
Name: KOBLICK, IAN G
Address: 51 SHORELAND DR
City-St-Zip: KEY LARGO, FL 33037

Title: S () Delete
Name: KOBLICK, TONYA A
Address: 51 SHORELAND DR
City-St-Zip: KEY LARGO, FL 33037

Title: T () Delete
Name: SMENDA, JOANN
Address: P.O. BOX 670
City-St-Zip: KEY LARGO, FL 33037

Title: V () Delete
Name: HUGHES, GINETTE
Address: 688 DOLPHIN AVE
City-St-Zip: KEY LARGO, FL 33037

Title: VP () Delete
Name: MITHCELL, ARTHUR
Address: 241 LIGNUM VITAE
City-St-Zip: KEY LARGO, FL 33037

Title: V () Delete
Name: RUSSELL, BOB
Address: 240 TREASURE HARBOR DRIVE
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SMENDA, JOANN
Address: 1109 GRAND ST
City-St-Zip: KEY LARGO, FL 33037

Title: V (X) Change () Addition
Name: HUGHES, GINETTE
Address: PO BOX 373203
City-St-Zip: KEY LARGO, FL 33037

Title: VP (X) Change () Addition
Name: MITCHELL, ARTHUR
Address: PO BOX 2397
City-St-Zip: KEY LARGO, FL 33037

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JO ANN SMENDA

T

04/18/2006

Electronic Signature of Signing Officer or Director

Date