# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 17, 2008**
**Secretary of State**

DOCUMENT# F95000005132

**Entity Name:** MARINE RESOURCES DEVELOPMENT FOUNDATION, INC.

**Current Principal Place of Business:**

51 SHORELAND DRIVE
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: | 1109 GRAND ST | |
| City-St-Zip: | KEY LARGO, FL 33037 | |
| Title: | V | ( ) Delete |
| Name: | HUGHES, GINETTE | |
| Address: | PO BOX 373203 | |
| City-St-Zip: | KEY LARGO, FL 33037 | |
| Title: | VP | (X) Delete |
| Name: | MITCHELL, ARTHUR | |
| Address: | PO BOX 2397 | |
| 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: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify 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: JOANN SMENDA T 04/17/2008

Electronic Signature of Signing Officer or Director — Date