2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006471

FILED Apr 19, 2009 Secretary of State

Entity Name: THE CORAL RESTORATION FOUNDATION INC

Current Principal Place of Business: New Principal Place of Business: 112 GARDEN STREET TAVERNIER, FL 33070 **Current Mailing Address: New Mailing Address:** 112 GARDEN STREET PO BOX 712 TAVERNIER, FL 33070 TAVERNIER, FL 33070 FEI Number: 65-1054647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEDIMYER, KENNETH 212 SILVER PALM AVE US TAVERNIER, FL 33070 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete NEDIMYER, KENNETH Name: Name: 212 SILVER PALM AVE Address: Address: City-St-Zip: TAVERNIER, FL 33070 City-St-Zip: Title: Title: () Delete () Change () Addition OVERFIELD, RICHARD Name: Name: Address: P O BOX 1578 Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: Title: Title: () Change () Addition () Delete AKINS, LAD Name: Name: Address: 107 1ST TERR Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: LACKLAND, DAVID Name: KEVIN, CLARK 17156 BONITA LANE WEST Address: Address: 119 VILABELLA DR City-St-Zip: SUGARLOAF KEY, FL 33042 City-St-Zip: PLANTATION KEY, FL 33070 Title: () Delete Title: (X) Change () Addition GOEBEL, GREG III MAKEPEACE, DAVID Name: Name: 376 S COCONUT PALM DR 83311 OLD HIGHWAY Address: Address: City-St-Zip: TAVERNIER, FL 33070 City-St-Zip: ISLAMORADA, FL 33070 Title: () Delete Title: (X) Change () Addition STARCK, WALTER PINDER, JOSEPH B Name: Name: Address: 72 PAXTON ST Address: 102 E. RIDGE RD QUEENSLAND, AUSTRALIA 4810, ISLAMORADA, FL 33036 City-St-Zip: 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: KENNETH NEDIMYER PRES 04/19/2009