

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90244 032 \*\*\*\*61.25

**DOCUMENT # N02000007720**

1. Entity Name

**MARINE INDUSTRY ASSOCIATION OF NORTHEAST  
FLORIDA, INC.**



Principal Place of Business

**404 RIBERIA STREET  
SAINT AUGUSTINE FL 32084**

Mailing Address

**404 RIBERIA STREET  
SAINT AUGUSTINE FL 32084**

34000000

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**P.O. Box 393**

**3501-B N. Ponce de Leon Blvd MOORE CR2E037 (11/03)**

**St. Augustine FL**

**32084**

4. FEI Number **04-3717856**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ZAPPA, LOUIS  
57 COMARES AVE  
ST. AUGUSTINE FL 32080**

7. Name and Address of New Registered Agent

Name **Douglas C. Crane Jr**  
Street Address (P.O. Box Number is Not Acceptable)  
**404 Riberia St.**  
City **St. Augustine FL** Zip Code **32084**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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

TITLE **TD** ☐ Delete  
NAME **CRANE, DOUGLAS C**  
STREET ADDRESS **404 RIBERIA STREET**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **PD** ☒ Delete  
NAME **ZAPPA, LORI**  
STREET ADDRESS **2315 BEACH BLVD**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **VP** ☒ Delete  
NAME **SAHMID-GHELLI**  
STREET ADDRESS **2810 HILLTOP RD**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE **SD** ☐ Delete  
NAME **MCKENNA, SEAN**  
STREET ADDRESS **3070 HARBOR DR**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PD** ☒ Change ☐ Addition  
NAME **Louis Zappa**  
STREET ADDRESS **12 Avista Cir**  
CITY-ST-ZIP **St. Augustine FL 32080**

TITLE **VP - Roger** ☐ Change ☒ Addition  
NAME **Roger Hansen**  
STREET ADDRESS **3344 Lake Shore Blvd**  
CITY-ST-ZIP **Jacksonville FL 32210**

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/15/04 904-829-1589**