


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90070 041 ****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 PO BOX 393 3501 BN, PONCE DE LEON SAINT AUGUSTINE FL 32084		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 04-3717856	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRANE, DOUGLAS C JR. 404 RIVERIA ST. SAINT AUGUSTINE FL 32084				7. Name and Address of New Registered Agent Name <u>SEAN MCKENNA</u> Street Address (P.O. Box Number is Not Acceptable) <u>3070 HARBOR DRIVE</u> City <u>ST. AUGUSTINE</u> <u>FL</u> Zip Code <u>32084</u>	
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 <u>SEAN MCKENNA</u> <u>TREMPER</u> <u>1/28/05</u> 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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRANE, DOUGLAS C 404 RIBERIA STREET SAINT AUGUSTINE FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAMELA LEONZION 404 RIBERIA ST. ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAPPU, LOUIS 12 AVISTA CIR SAINT AUGUSTINE FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BYRON CAPO 150 RIBERIA ST. ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGER, HANSEN 3344 LAKE SHORE BLVD JACKSONVILLE FL 32210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOUG CRANE (SAME) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKENNA, SEAN 3070 HARBOR DR SAINT AUGUSTINE FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEAN MCKENNA (SAME) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>SEAN MCKENNA</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>1/28/05</u> (904) 829-5676 Date Daytime Phone #		



1st MOORE CR2E037 (10/04)