

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007720

FILED
Apr 29, 2008
Secretary of State

Entity Name: MARINE INDUSTRIES ASSOCIATION OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

PMB #393
3501-B NORTH PONCE DELEON BLVD.
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

3036 B HARBOR DRIVE
SAINT AUGUSTINE, FL 32084

Current Mailing Address:

PMB #393
3501-B NORTH PONCE DELEON BLVD.
SAINT AUGUSTINE, FL 32084

New Mailing Address:

P.O. BOX 364
SAINT AUGUSTINE, FL 32085 03

FEI Number: 04-3717856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENDZION, PAMELA
114 DORY RD.
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

COLEMAN, BILL
3036 B HARBOR DRIVE
SAINT AUGUSTINE, FL 32084 US

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: BILL COLEMAN

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LENDZION, PAMELA
Address: 404 RIDERIA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SD () Delete
Name: ALIA, PHIL
Address: 3491 PALL MALL DR., 205
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP () Delete
Name: CRANE, DOUG
Address: 3344 LAKE SHORE BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD () Delete
Name: SABO, PETER
Address: 3020 HARBOR DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VP (X) Delete
Name: LOWE, CHRIS
Address: 506 ARRICOLA AVE.
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLEMAN, BILL
Address: 3036 B HARBOR DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SD (X) Change () Addition
Name: HENSEL, KAREN
Address: 4772 SAFE HARBOR WAY
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP (X) Change () Addition
Name: HILL, RICK
Address: 6824 SEACOVE AVENUE WEST
City-St-Zip: ST. AUGUSTINE, FL 32086

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: PETER SABO

TD

04/29/2008

Electronic Signature of Signing Officer or Director

Date