

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007145

FILED
Apr 30, 2009
Secretary of State

Entity Name: FLORIDA MARITIME LEADERSHIP COALITION, INC.

Current Principal Place of Business:

502 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

502 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 30-0501200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBIN, MICHAEL L
502 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301 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: D () Delete
Name: PAYNE, STANLEY
Address: 445 CHALLENGER RD
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: D () Delete
Name: ALLEN, PHILLIP C
Address: 1850 ELLER DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33316 US

Title: D () Delete
Name: UBBEN, MATT
Address: 350 EAST COLLEGE AVENUE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D (X) Delete
Name: MCCRAY, KIM
Address: 20533 BISCAYNE BLVD. #418
City-St-Zip: AVENTURA, FL 33180 US

Title: D (X) Delete
Name: DALE, TERRY
Address: 910 SE 17TH STREET, STE 400
City-St-Zip: FT. LAUDERDALE, FL 33316 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BRECHEISEN, BRUCE
Address: 8001 NW 79TH AVENUE
City-St-Zip: MIAMI, FL 33166 US

Title: D (X) Change () Addition
Name: PAYNE, DARRYL D
Address: PO BOX 8303
City-St-Zip: FT. LAUDERDALE, FL 33310 US

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: BRUCE BRECHEISEN

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date