

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90010 018 ****61.25

44002434



01092004 Chg-NP CR2E037 (10/03)

DOCUMENT # N12763					
1. Entity Name MARINE INDUSTRIES ASSOCIATION OF PALM BEACH COUNTY, INC.					
Principal Place of Business 349 GRANADA ROAD WEST PALM BEACH, FL 33401 US			Mailing Address P.O. BOX 7597 WEST PALM BEACH, FL 33405 US		
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 59-2834931	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PRUITT, ALISON EXECUTIVE DIRECTOR 349 GRANADA ROAD WEST PALM BEACH, FL 33401				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>Alison Pruitt</u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>1-10-04</u> (NOTE: Registered Agent signature required when reinstating)	
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	DANIELLO, LOU,		NAME		
STREET ADDRESS	10456 RIVERSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL		CITY-ST-ZIP		
TITLE	PPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MURRAY, JOSH		NAME		
STREET ADDRESS	505 S FLAGLER DRIVE #1450		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	PPD	☒ Change ☐ Addition
NAME	MURPHY, MARTIN		NAME		
STREET ADDRESS	PO BOX 3751		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33402		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	Board member VP	☒ Change ☐ Addition
NAME	ISIMINGER, CHARLES		NAME		
STREET ADDRESS	649 US HWY 1, STE #9		STREET ADDRESS		
CITY-ST-ZIP	N PALM BEACH, FL 33408		CITY-ST-ZIP		
TITLE	Secretary	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	William Yeagin		NAME		
STREET ADDRESS	4200 N. Flagler Dr.		STREET ADDRESS		
CITY-ST-ZIP	W P B FL 33407		CITY-ST-ZIP		
TITLE	Treasurer	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Amy Tilderlund		NAME		
STREET ADDRESS	1509 Avenue C		STREET ADDRESS		
CITY-ST-ZIP	Riviera Beach FL 33404		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: <u>Alison Pruitt</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>1-10-04</u> Daytime Phone # <u>561 832-8444</u>	