

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15400

FILED
Feb 01, 2009
Secretary of State

Entity Name: ORGANIZATION FOR ARTIFICIAL REEFS, INC.

Current Principal Place of Business:

2545 BLAIRSTONE PINES DR
100
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

2545 BLAIRSTONE PINES DR
100
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2709539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOTTI, KAREN
1320 LANSDOWNE
TALLAHASSEE, FL 32317 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: BUDA, ROB
Address: 52 BURNT PINE LOOP
City-St-Zip: SAINT MARKS, FL 32355

Title: CD () Delete
Name: GOTTI, JAMES
Address: 1320 LANSDOWNE ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: SANDERS, PHIL
Address: 8592 BANNERMAN BLUFF
City-St-Zip: TALLAHASSEE, FL 32312

Title: DT () Delete
Name: GOTTI, KAREN
Address: 1320 LANSDOWNE ROAD
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SANDERS, PHIL
Address: 8592 BANNERMAN BLUFF
City-St-Zip: TALLAHASSEE, FL 32312

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: KAREN GOTTI

DT

02/01/2009

Electronic Signature of Signing Officer or Director

Date