2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N32990

Entity Name: MARINE INDUSTRY ASSOCIATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

148 CHARLES AVE
MOUNT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

2607 SOUTH WOODLAND BLVD.
266
DELAND, FL 32720

New Mailing Address:

FEI Number: 59-2955021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEWIS, JOSEPH T
148 CHARLES AVE.
MOUNT DORA, FL 32757 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:	LEWIS, JOSEPH T	
Address:	148 CHARLES AVE.	
City-St-Zip:	MT. DORA, FL 32757	
Title:	T	( ) Delete
Name:	LEATHERMAN, BOB	
Address:	307 N. GOLDENROD ROAD	
City-St-Zip:	ORLAND, FL 32807	
Title:	P	( ) Delete
Name:	KEWLEY, CHRIS	
Address:	1580 SOUTH 17-92	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	D	( ) Delete
Name:	FULTON, PAULA	
Address:	5321 E COLONIAL DR	
City-St-Zip:	ORLANDO, FL 32807	
Title:	D	( ) Delete
Name:	RAY, DAVID	
Address:	2607 SOUTH WOODLAND BLVD. #266	
City-St-Zip:	DELAND, FL 32720	
Title:	VP	( ) Delete
Name:	HOOD, JEFF	
Address:	1020 NORTH ORLANDO AVE	
City-St-Zip:	MAITLAND, FL 32751	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DAVID RAY D 02/26/2009

Electronic Signature of Signing Officer or Director — Date