

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32990

FILED  
Feb 13, 2012  
Secretary of State

**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: VP  
Name: LEWIS, JOSEPH T  
Address: 148 CHARLES AVE.  
City-St-Zip: MT. DORA, FL 32757

Title: S  
Name: KILGORE, CHUCK  
Address: 725 MONTANA ST  
City-St-Zip: ORLANDO, FL 32803

Title: D  
Name: KEWLEY, CHRIS  
Address: 1580 SOUTH 17-92  
City-St-Zip: LONGWOOD, FL 32750

Title: PP  
Name: FULTON, PAULA  
Address: 5321 E COLONIAL DR  
City-St-Zip: ORLANDO, FL 32807

Title: D  
Name: RAY, DAVID  
Address: 2607 SOUTH WOODLAND BLVD. #266  
City-St-Zip: DELAND, FL 32720

Title: T  
Name: ARMEL, BILL  
Address: 179 NORTH CAUSWAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby 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 all other like empowered.

SIGNATURE: DAVID RAY

D

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date