

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41999

FILED
Apr 30, 2006
Secretary of State

Entity Name: MARINE CONTRACTORS' ASSOCIATION OF NORTH FLORIDA, INC.

Current Principal Place of Business:

22 NW MAPLES ST
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

509 APACHE ST.
FORT WALTON BEACH, FL 32547

Current Mailing Address:

PO BOX 1514
FORT WALTON BEACH, FL 32549

New Mailing Address:

509 APACHE ST.
FORT WALTON BEACH, FL 32547

FEI Number: 59-3063798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTZOG, PAUL
22 NW MAPLES ST
FORT WALTON BEACH, FL 32548 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: PD () Delete
Name: HARTZOG, PAUL
Address: 22 NW MAPLES ST
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VPD () Delete
Name: LOFTIS, JOHN
Address: 4599 SPANISH TRAIL, SUITE A
City-St-Zip: PENSACOLA, FL 32504

Title: TD () Delete
Name: MARCEAU, DAN
Address: 224 CALIFORNIA DR
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SD () Delete
Name: LANCASTER, WAYNE
Address: 509 APACHE ST
City-St-Zip: FORT WALTON BEACH, FL 32547

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: WAYNE S. LANCASTER

SD

04/30/2006

Electronic Signature of Signing Officer or Director

Date