

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
TERRANCE B. MONTGOMERY
Secretary of State
DIVISION OF CORPORATE AFFAIRS

**APPROVED
AND
FILED**

MAY - 1 PM 12:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N94000001280 (6)

(1. Corporation Name)

MALABAR MARINERS ASSOCIATION, INC.

Principal Place of Business

**POST OFFICE BOX 500028
MALABAR FL 32950-0028**

Mailing Address

**POST OFFICE BOX 500028
MALABAR FL 32950-0028**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 3a. Date of Last Report

03/11/1994

4. FEI Number

59-3244110

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

**6. Election Campaign Finance and
Fundraising Disclosure**

☐ **\$5.00 May Be
Added to Fees**

**7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status**

☐ **\$68.75 Supplemental
Fee Not Required**

**8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes.**

☐ Yes ☒ No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

County

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

County

9. Name and Address of Current Registered Agent

**CATTERTON, A V JR.
1990 WEST NEW HAVEN AVENUE
STE. 104
MELBOURNE FL 32904**

10. Name and Address of New Registered Agent

81. Name

82. Street Address, P.O. Box Number or Not Applicable

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 601, 602, and 603, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with, and accept the obligations of, Section 603, Florida Statutes.

SIGNATURE

(Print Name of Registered Agent or Other Individual)

(Print Name of New Registered Agent or Other Individual)

(Date)

12. OFFICERS AND DIRECTORS

12a. Officer

NAME

STREET ADDRESS

CITY, STATE, ZIP

12b. Director

NAME

STREET ADDRESS

CITY, STATE, ZIP

12c. Officer

NAME

STREET ADDRESS

CITY, STATE, ZIP

12d. Director

NAME

STREET ADDRESS

CITY, STATE, ZIP

12e. Officer

NAME

STREET ADDRESS

CITY, STATE, ZIP

12f. Director

NAME

STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONAL AGENTS, ATTORNEYS, ETC.

13a. Agent

NAME

STREET ADDRESS

CITY, STATE, ZIP

13b. Attorney

NAME

STREET ADDRESS

CITY, STATE, ZIP

13c. Agent

NAME

STREET ADDRESS

CITY, STATE, ZIP

13d. Attorney

NAME

STREET ADDRESS

CITY, STATE, ZIP

13e. Agent

NAME

STREET ADDRESS

CITY, STATE, ZIP

13f. Attorney

NAME

STREET ADDRESS

CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Sections 190.032, Florida Statutes. I further certify that the information indicated in this annual report or supplemental annual 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 liquidator empowered to receive the report as required by Chapter 603, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or is initially listed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerald W. English 4-26-95

407-729-3922