

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001854

FILED  
Mar 23, 2005  
Secretary of State

**Entity Name:** MEXICO BEACH ARTIFICIAL REEF ASSOCIATION, INC.

**Current Principal Place of Business:**

MEXICO BEACH ARTIFICIAL REEF ASSOC.  
P.O. BOX 13006  
MEXICO BEACH, FL 32410

**New Principal Place of Business:**

**Current Mailing Address:**

MEXICO BEACH ARTIFICIAL REEF ASSOC.  
P.O. BOX 13006  
MEXICO BEACH, FL 32410

**New Mailing Address:**

**FEI Number:** 59-3447258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEEL, CHARLENE B  
901 16 TH STREET  
PORT ST JOE, FL 32457 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: P ( ) Delete  
Name: CHILDS, RON  
Address: 1709 TWIN LAKES DRIVE  
City-St-Zip: BAINBRIDGE, GA 31717

Title: D ( ) Delete  
Name: BLACKBURN, CHIP  
Address: 410 TEXAS DRIVE  
City-St-Zip: MEXICO BEACH, FL 32410

Title: D ( ) Delete  
Name: COX, BOB  
Address: 202 CORAL DRIVE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: SD ( ) Delete  
Name: COX, CAROL  
Address: 202 CORAL DRIVE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: TD ( ) Delete  
Name: NEEL, CHARLENE  
Address: 901 16TH STREET  
City-St-Zip: MEXICO BEACH, FL 32457

Title: D ( ) Delete  
Name: NEEL, KEITH  
Address: 901 16TH STREET  
City-St-Zip: MEXICO BEACH, FL 32457

**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 for the exemption stated in Section 119.07(3)(i), 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: CHARLENE B. NEEL

TREA

03/23/2005

Electronic Signature of Signing Officer or Director

Date