

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 17, 2009
Secretary of State**

DOCUMENT# N99000006236

Entity Name: FLORIDA MARINE CONTRACTORS ASSOCIATION, INC.**Current Principal Place of Business:**2569 NEWFOUND HARBOR DRIVE
MERRITT ISLAND, FL 32952 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 542111
MERRITT ISLAND, FL 32954 US**New Mailing Address:**

FEI Number: 65-0958196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:WEBSTER, STEVEN E
2569 NEWFOUND HARBOR DRIVE
MERRITT ISLAND, FL 32952 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: ST () Delete
Name: SOUSA, LORI
Address: 1101 N CONGRESS AVE, SUITE 201
City-St-Zip: BOYNTON BEACH, FL 33426 USTitle: P () Delete
Name: LOFTIS, JOHN
Address: 7150 CLEARWOOD RD.
City-St-Zip: PENSACOLA, FL 32526 USTitle: V () Delete
Name: BRUCE, PALMER
Address: 13001 NORTH NEBRASKA AVENUE
City-St-Zip: TAMPA, FL 33612 USTitle: D () Delete
Name: JONES, MIKE L
Address: 16420 OLD US-41
City-St-Zip: FT. MYERS, FL 33912 USTitle: VP () Delete
Name: WELLS, KENNETH
Address: 4500 OAK CIR STE B3
City-St-Zip: BOCA RATON, FL 33431 USTitle: D (X) Delete
Name: WEBSTER, STEVEN Z
Address: 2569 NEWFOUND HARBOR DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: V (X) Change () Addition
Name: DAVE, LOWELL
Address: 494 RIVERVIEW DRIVE
City-St-Zip: NOLOMIS, FL 34275 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP (X) Change () Addition
Name: CASS, CASEY
Address: 100 SE SALERNO ROAD
City-St-Zip: STUART, FL 34997 USTitle: () 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: LORI SOUSA

ST

09/17/2009

Electronic Signature of Signing Officer or Director

Date