2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N99000006236

FILED Oct 13, 2009 Secretary of State

Entity Name: FLORIDA MARINE CONTRACTORS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2569 NEWFOUND HARBOR DRIVE 1101 N CONGRESS AVE MERRITT ISLAND, FL 32952 SUITE 201 BOYNTON BEACH, FL 33426 US

Current Mailing Address: New Mailing Address:

1101 N CONGRESS AVE PO BOX 542111

MERRITT ISLAND, FL 32954 US SUITE 201

BOYNTON BEACH, FL 33426 US

FEI Number: 65-0958196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WEBSTER, STEVEN E SOUSA, LORI J 2569 NEWFOUND HARBOR DRIVE 1101 N CONGRESS AVE MERRITT ISLAND, FL 32952 SUITE 201

BOYNTON BEACH, FL 33426 US

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: LORI SOUSA 10/13/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition SOUSA, LORI Name: Name:

1101 N CONGRESS AVE, SUITE 201 Address: Address: City-St-Zip: BOYNTON BEACH, FL 33426 US City-St-Zip:

Title: Title: () Delete () Change () Addition

LOFTIS, JOHN Name: Name: Address: 7150 CLEARWOOD RD. Address: City-St-Zip: PENSACOLA, FL 32526 US City-St-Zip:

Title: () Delete Title: () Change () Addition

DAVE, LOWELL Name: Name: 494 RIVERVIEW DRIVE Address: Address: City-St-Zip: NOLOMIS, FL 34275 US City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: JONES, MIKE L Name: Address: 16420 OLD US-41 Address: City-St-Zip: FT. MYERS, FL 33912 US City-St-Zip:

Title: () Delete Title: VΡ (X) Change () Addition

CASS, CASEY Name: Name: CASS, GERALD S 100 SE SALERNO ROAD 100 SE SALERNO ROAD Address: Address: City-St-Zip: STUART, FL 34997 US City-St-Zip: STUART, FL 34997 US

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 10/13/2009