

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002687

**Entity Name:** THE WORLD FEDERATION FOR CORAL REEF  
CONSERVATION, INC.**Current Principal Place of Business:**642 S. COMMERCE AVE  
SEBRING, FL 33870**Current Mailing Address:**642 S. COMMERCE AVE  
SEBRING, FL 33870 US**FEI Number: 90-0549587****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MATHES, KYLE  
642 S. COMMERCE AVE  
SEBRING, FL 33870 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: KYLE MATHES****02/02/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** CHAIRMAN  
**Name** MATHES, KYLE  
**Address** 642 S. COMMERCE AVE  
**City-State-Zip:** SEBRING FL 33870**Title** VC  
**Name** TURNER, FORD  
**Address** 642 S. COMMERCE AVE  
**City-State-Zip:** SEBRING FL 33870**Title** SECRETARY  
**Name** MAYO, JENNIFER  
**Address** 642 S. COMMERCE AVE  
**City-State-Zip:** SEBRING FL 33870**Title** PRESIDENT  
**Name** PERILLA, ANDREA  
**Address** 642 S. COMMERCE AVE  
**City-State-Zip:** SEBRING FL 33870**Title** DIRECTOR  
**Name** CALLANDER, IAN  
**Address** 642 S. COMMERCE AVE  
**City-State-Zip:** SEBRING FL 33870**Title** DIRECTOR  
**Name** GUNDERSON, JIM  
**Address** 642 S. COMMERCE AVE  
**City-State-Zip:** SEBRING FL 33870**Title** VP  
**Name** GREWEL, STEVE  
**Address** 642 S. COMMERCE AVE  
**City-State-Zip:** SEBRING FL 33870**Title** DIRECTOR  
**Name** KROSS, JUSTIN  
**Address** 642 S. COMMERCE AVE  
**City-State-Zip:** SEBRING FL 33870**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: KYLE MATHES****CHAIRMAN OF THE  
BOARD****02/02/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	TREASURER
Name	ALLISON, SAMANTHA
Address	642 S. COMMERCE AVE
City-State-Zip:	SEBRING FL 33870