

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006236

**Entity Name:** FLORIDA MARINE CONTRACTORS ASSOCIATION, INC.

**Current Principal Place of Business:**

1622 HICKMAN ROAD  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

P.O. BOX 350909  
JACKSONVILLE, FL 32235 US

**FEI Number: 65-0958196**

**Certificate of Status Desired: No**

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

WHITE, KELLY M  
1622 HICKMAN ROAD  
JACKSONVILLE, FL 32216 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            EXED  
Name            WHITE, KELLY  
Address        4210 LEEWARD POINT  
City-State-Zip: JACKSONVILLE FL 32225

Title            PRESIDENT  
Name            JONES, MICHAEL  
Address        16420 OLD US 41  
City-State-Zip: FT MYERS FL 33912

Title            TREASURER  
Name            FENDER, RICK  
Address        1201 W JACKSON STREET  
City-State-Zip: ORLANDO FL 32805

Title            SECRETARY  
Name            DALE, SQUIRES  
Address        800 BAREFOOT LANE SUITE800  
City-State-Zip: PANAMA CITY BEACH FL

Title            VP  
Name            LOFTIS, JOHN  
Address        1622 HICKMAN ROAD  
City-State-Zip: JACKSONVILLE FL 32216

*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: KELLY WHITE**

**EXEC DIR**

**01/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date