

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000003697

**Entity Name:** RPM NAUTICAL FOUNDATION, INC.

**Current Principal Place of Business:**

1111 12TH STREET, SUITE 404  
KEY WEST, FL 33040

**Current Mailing Address:**

1111 12TH STREET, SUITE 404  
KEY WEST, FL 33040 US

**FEI Number: 52-2253745**

**Certificate of Status Desired: Yes**

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

BLADES, MICHAEL  
1111 12TH STREET  
SUITE 404  
KEY WEST, FL 33040 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 SGCD  
Name GOOLD, JAMES A  
Address 5812 SURREY STREET  
City-State-Zip: CHEVY CHASE MD 20815

Title D  
Name ROBB, GEORGE  
Address 3730 SUNRISE LANE  
City-State-Zip: KEY WEST FL 33040

Title D  
Name DELGADO, JAMES P  
Address 1305 EAST WEST HIGHWAY, SSMC4  
NOS/ONMS  
City-State-Zip: SILVER SPRING MD 20910

Title D  
Name MALCOM, COREY  
Address 200 GREENE STREET  
City-State-Zip: KEY WEST FL 33040

Title SECRETARY, TREASURER  
Name BLADES, MICHAEL D  
Address 1925 FOGARTY AVENUE  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name ROBB, III, GEORGE  
Address 35 VESTRY STREET  
1ST FLOOR  
City-State-Zip: NEW YORK NY 10013

*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: MICHAEL BLADES**

**TREASURER**

**04/06/2023**

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

\_\_\_\_\_  
Date