

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005417

**Entity Name:** OCEAN RESEARCH & CONSERVATION ASSOCIATION, INC.

**FILED**  
**Jan 25, 2022**  
**Secretary of State**  
**5106853777CC**

**Current Principal Place of Business:**

2515 AIRPORT NORTH DRIVE  
BUILDING B  
VERO BEACH, FL 32960

**Current Mailing Address:**

PO BOX 4291  
FORT PIERCE, FL 34948 US

**FEI Number:** 20-0901011

**Certificate of Status Desired:** Yes

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

ORCA  
1717 ORANGE AVE  
#4291  
FORT PIERCE, FL 34948 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 SECRETARY  
Name CHAPMAN, MARY A  
Address 5051 N. HIGHWAY A1A  
#12-1  
City-State-Zip: FORT PIERCE FL 34949

Title PRESIDENT  
Name MILLS, WAYNE A  
Address 5051 N. HWY A1A  
# 14-6  
City-State-Zip: FORT PIERCE FL 34949

Title CEO  
Name WIDDER, EDITH DR.  
Address PO BOX 4291  
City-State-Zip: FORT PIERCE FL 34948

Title MANAGING DIRECTOR  
Name FALLS, WARREN  
Address PO BOX 4291  
City-State-Zip: FORT PIERCE FL 34948

Title TREASURER  
Name SCHINSKE, ANGELA  
Address PO BOX 4291  
City-State-Zip: FORT PIERCE FL 34948

*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:** ANGELA SCHINSKE

**TREASURER**

**01/25/2022**

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

\_\_\_\_\_  
Date