

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001854

Entity Name: MEXICO BEACH ARTIFICIAL REEF ASSOCIATION, INC.

Current Principal Place of Business:

MEXICO BEACH ARTIFICIAL REEF ASSOC, INC
390 HIGHWAY 98
MEXICO BEACH, FL 32410

Current Mailing Address:

MEXICO BEACH ARTIFICIAL REEF ASSOC, INC
PO BOX 13006
MEXICO BEACH, FL 32410

FEI Number: 59-3447258

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COX, CAROL D

[REDACTED]

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 PRES
Name COX, ROBERT L
Address [REDACTED]
City-State-Zip: [REDACTED]

Title VP
Name STUDSTILL, CLAY
Address [REDACTED]
City-State-Zip: [REDACTED]

Title TREA
Name COX, CAROL
Address [REDACTED]
City-State-Zip: [REDACTED]

Title DIR
Name CHILDS, RON
Address [REDACTED]
City-State-Zip: [REDACTED]

Title SEC
Name STEPHENS, MARIE WADE
Address [REDACTED]
City-State-Zip: [REDACTED]

Title DIR
Name JOHN, LEE A
Address [REDACTED]
City-State-Zip: [REDACTED]

Title DIRECTOR
Name FRANK, NOLIN
Address [REDACTED]
City-State-Zip: [REDACTED]

Title DIRECTOR
Name KROUSE, JULIE
Address [REDACTED]
City-State-Zip: [REDACTED]

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: CAROL DEAN COX

CHIEF FINANCIAL OFFICER

02/05/2020

Electronic Signature of Signing Officer/Director Detail

Date