

2023 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
3904 HIGHWAY 98
MEXICO BEACH, FL 32410

Current Mailing Address:

MEXICO BEACH ARTIFICIAL REEF ASSOC, INC
PO BOX 414
PORT ST JOE, FL 32457 US

FEI Number: 59-3447258

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:



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: KIMBERLY HIGDON

01/30/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES, OFFICER, DIRECTOR
Name COX, ROBERT L
Address [Redacted]
City-State-Zip: [Redacted]

Title SECRETARY, DIRECTOR, OFFICER
Name COX, CAROL
Address [Redacted]
City-State-Zip: [Redacted]

Title DIRECTOR
Name STEPHENS, MARIE WADE
Address [Redacted]
City-State-Zip: [Redacted]

Title VP, OFFICER, DIRECTOR
Name HIGDON, BRIAN
Address [Redacted]
City-State-Zip: [Redacted]

Title TREASURER, OFFICER, DIRECTOR
Name HIGDON, KIMBERLY
Address [Redacted]
City-State-Zip: [Redacted]

Title DIRECTOR
Name COLEMAN, MITCH
Address [Redacted]
City-State-Zip: [Redacted]

Title DIRECTOR
Name RUSSELL, LEIGH
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: KIMBERLY HIGDON

TREASURER

01/30/2023

Electronic Signature of Signing Officer/Director Detail

Date