FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 26 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707605 (2)

1. Corporation Name

FLORIDA OCEANOGRAPHIC SOCIETY, INC.

Principal Place of Business	Mailing Address
890 N.E. OCEAN BLVD. STUART FL 34996	890 N.E. OCEAN BLVD. STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1964
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-1114306 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $60.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

FIELDS, JORDAN
416 CORTEZ AVE.
STUART FL 33494

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Secretary ☐ Change ☒ Addition
NAME	MASSNICK JR., GLENN	1.2 NAME	Kathy Fountain
STREET ADDRESS	90 SE ST. LUCIE BLVD.	1.3 STREET ADDRESS	2233 NW 22nd Ave. #17-112
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	VD	2.1 TITLE	D ☐ Change ☒ Addition
NAME	CHRISTENSON, TOM	2.2 NAME	Kim Hansen
STREET ADDRESS	429 KRUEGER PARKWAY	2.3 STREET ADDRESS	1360 Carlton Court. Apt. A.
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	Ft. Pierce, FL 34949
TITLE	SD	3.1 TITLE	Director ☐ Change ☒ Addition
NAME	[illegible]	3.2 NAME	Helen Harralson
STREET ADDRESS	332 GEORGIA AVE	3.3 STREET ADDRESS	3006 SE Glasgow Drive
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	TD	4.1 TITLE	D ☐ Change ☒ Addition
NAME	DWYER, WILLIAM	4.2 NAME	Mary Schroeder
STREET ADDRESS	515 COLORADO AVENUE	4.3 STREET ADDRESS	~~P.O. Box 1630~~ 6906 SW Woodbine Way
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	[illegible]	5.2 NAME	Robert Mulcahy
STREET ADDRESS	[illegible]	5.3 STREET ADDRESS	821 Jupiter Park Dr.
CITY-ST-ZIP	[illegible]	5.4 CITY-ST-ZIP	Jupiter, FL 33458-8946
TITLE	D	6.1 TITLE	D ☐ Change ☒ Addition
NAME	FIELDS, JORDAN	6.2 NAME	Mark Tamblyn
STREET ADDRESS	410 CORTEZ AVE.	6.3 STREET ADDRESS	1849 NE 23rd Terrace
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	Jensen Beach, FL 34957

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption under Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wm. J. Dwyer, Treas. 4/28/95 (407) 288-6067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0091096