FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

718206

(6)

FOUNDATION FOR THE SUPPORT OF MARINE YOUTH ACTIVITIES, INC.

Principal Place of Business	Mailing Address						
7677 COURTYARD RUN WEST BOCA RATON FL 33433	7677 COURTYARD RUN WEST BOCA RATON FL 33433						
2. Principal Place of Business	2a. Mailing Address						
a. Fillicipal Flace of Business	Za. Milling Address						
21	26						
Suite Ant # etc	Suite Ant # etc						

Suite, Apt. #, etc.

27

City & State

28

Zip Country

Country

Country

Country

FILED
May 06 1998 8:00am
Secretary of State



Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable
\$8.75 Additional

 Date Incorporated or Qualified 03/17/1970

23-7115524

6. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

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Zip		Country Zip Co			ountry	79 8. This corporation owes or has paid the						urrent year Intangible			
24		25	29		30				Pere	sonal Property Ta	ax due June 3	ю. [Yes	No.	
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent								
						81	Name								
LEASOR, JOHN E				82	Ptropt	Address	(D.O. (Box Number is N	lot Assentable	<u>,,</u>					
	JTH LAKE	AVENI IF				62	SUBBLA	Muuress	(F.O. E	SOX INUITIDES IS IN	ioi Acceptable	"			
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office or r	egistered ac	ions of Sections 617.0502 gent, or both, in the State	of Florida. S	uch change was i	es, u le suthoriz	above zed by	the corp	poration'	s board	d of directors. I h	nereby accept	the app	ointment a	ateiger a	red
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 617.0503, Florida Statutes.															
SIGNATURE .								_							
7	Signature, typed	or printed name of registered ager				<u> </u>	i signature	required w			C TO OFFICE	DATE	NOCOTO	DC IN 17	
12.		OFFICERS AND	DIRECTOR	I DELETE	13				ADDI	ITIONS/CHANGE	S TO OFFICE	HS ANL	Change		ddition
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NAME	LEASOF	ł, John			3.2	NAME									
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14. I hereby c	ertify that th	e Information supplied wi	th this filing o	does not qualify fo	or the e	xempti	on state	d in Sec	tion 11	9.07(3)(1), Florida	a Statutes. I fu	rther ce	rtify that th	e informa	ation
14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, I further certify that the information indicated on this annual report of Epplemental 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 of the receivery 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 chapter 5 or own attachment with an address.															