

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90210 030 ****61.25

DOCUMENT # 769841

1. Corporation Name

MARINELIFE CENTER OF JUNO BEACH, INC

Principal Place of Business

14200 US 1
JUNO BCH FL 33408
US

Mailing Address

14200 US 1
JUNO BCH FL 33408
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

08/15/1983

4. FEI Number

59-2445926

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MILLER, MORRIS G
11382 PROSPERITY FARMS ROAD
SUITE 227
PALM BEACH GARDENS FL 33410

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 **D** ☒ DELETE
NAME **NELSON, GAIL**
STREET ADDRESS **14972 PALMWOOD RD.**
CITY-ST-ZIP **N PALM BCH FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **JEANETTE WYNEKEN, PH. D.**
1.3 STREET ADDRESS **1033 CORAL DRIVE**
1.4 CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE **D** ☐ DELETE
NAME **WOLF, CYNDIE**
STREET ADDRESS **14200 US HWY ONE**
CITY-ST-ZIP **JUNO BEACH FL 33408**

2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **MILLER, MORRIS**
STREET ADDRESS **2690 TOWEL DR.**
CITY-ST-ZIP **PALM BCH GARDENS FL 33410**

3.1 TITLE **PD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **MULLEN, JAMES**
STREET ADDRESS **212 CAPE PT. CIR.**
CITY-ST-ZIP **JUPITER FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **2904 MILLER DRIVE NORTH**
4.4 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **PD** ☐ DELETE
NAME **DIMARCO, NANCY**
STREET ADDRESS **401 GULF RD.**
CITY-ST-ZIP **N. PALM BEACH FL 33408**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WILCOX, J. ROSS**
STREET ADDRESS **9008 GARDENS GLEN CT**
CITY-ST-ZIP **PALM BCH GDS FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **400 SEASIDE LANE**
6.4 CITY-ST-ZIP **JUNO BEACH, FL 33408**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 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, with a different like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: OR DIRECTOR

4/20/99
Date

561-832-9292
Daytime Phone #

CR2E037 (11/98)

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