


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90650 020 \*\*\*\*61.25

**DOCUMENT # N01000007684**  
1. Entity Name  
**MOTHER OCEAN FOUNDATION, INC.**



Principal Place of Business  
**241 FIRST AVENUE  
INDIALANTIC FL 32903**

Mailing Address  
**PO BOX 033271  
INDIALANTIC FL 32903-0271**

**54031531**



MOORE CR2E037 (11/03)

2. Principal Place of Business  
**900 CROSS LAKE DR**

3. Mailing Address  
**900 CROSS LAKE DR.**

Suite, Apt. #, etc.

City & State  
**MELBOUANE, FL.**

City & State  
**MELBOURNE, FL.**

Zip Country  
**32901-8467 U.S.**

4. FEI Number  
**08-0887038**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WAGNER, DAN  
241 FIRST AVENUE  
INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

Name  
**DANIEL C. WAGNER.**

Street Address (P.O. Box Number is Not Acceptable)  
**900 CROSS LAKE DR.**

City  
**MELBOURNE, FL**

Zip Code  
**32901-8647**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Daniel C. Wagner* **DANIEL C. WAGNER** **4/8/04**

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, DANIEL C 241 FIRST AVENUE INDIALANTIC FL 32903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBROSE, CHRISTINE 13093 HENRY BRADEL DR TALLAHASSEE FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGNON, DENNIS 443 S VILLA AVE VILLA PARK IL 60181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOHERTY, ROBERT A 420 7TH AVE INDIALANTIC FL 32903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENABLE, JAY 132 15TH ST E BLDG 10 UNIT 101 TIERRE VERDE FL 33715	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIZEMORE, CHARIDA 109 MICHIGAN AVE INDIALANTIC FL 32903	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILL BOYKIN 117 2ND AVE. INDIALANTIC, FL. 32903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel C. Wagner* **DANIEL C. WAGNER** **4/8/04** **321-723-9312**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #