


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90075 044 ****61.25

DOCUMENT # N01000007684			
1. Entity Name MOTHER OCEAN FOUNDATION, INC.			
Principal Place of Business 900 CROSS LAKE DR MELBOURNE, FL 32901-8467		Mailing Address 900 CROSS LAKE DR MELBOURNE, FL 32901-8467	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WAGNER, DANIEL C 900 CROSS LAKE DR MELBOURNE, FL 32901-8647		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WAGNER, DANIEL C 900 CROSS LAKE DR. MELBOURNE, FL 32901
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYNIN, BILL 117 2ND AVE INDIALANTIC, FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D. BILLY BOYKIN 117 2ND AVE. INDIALANTIC, FL 32903- 0000 SPELLING
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D TOM CRANE # 2 TIMOR ST. STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIZEMORE, CHARIDA 109 MICHIGAN AVE INDIALANTIC, FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D SIZEMORE CHARLDA 50 ELEVENTH AVE. APT. 101 INDIALANTIC, FL 32903
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: <u>Daniel C. Wagner</u> DANIEL C. WAGNER 4/5/05 321-473-4772 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



04042005 Chg-NP CR2E037 (10/03)

4. FEI Number **08-0887038** Applied For Not Applicable

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