

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 FEB 10 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000007684**

1. Entity Name

**MOTHER OCEAN FOUNDATION, INC.**

*Mother Ocean Foundation Inc*

*See Amendment  
Filed 1/6/03*



Principal Place of Business

**241 FIRST AVENUE  
INDIALANTIC FL 32903**

Mailing Address

**241 FIRST AVENUE  
INDIALANTIC FL 32903**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 033271**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**INDIALANTIC FL.**

4. FEI Number **08-0887038**

Applied For  
Not Applicable

Zip

Country

**32903-0271 U.S.**

Zip

**U.S.**

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WAGNER, DANIEL C.  
241 FIRST AVENUE  
INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

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

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WAGNER, DANIEL C.</b> <b>241 FIRST AVENUE</b> <b>INDIALANTIC FL 32903</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOLLER, MARY K</b> <b>818 21ST AVE NORTH</b> <b>ST PETERSBURG FL 33704</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GAGNON, DENNIS</b> <b>443 S VILLA AVE</b> <b>VILLA PARK IL 60181</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOHERTY, ROBERT A</b> <b>420 7TH AVE</b> <b>INDIALANTIC FL 32903</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VENABLE, JAY</b> <b>132 15TH ST E BLDG 10 UNIT 101</b> <b>TIERRE VERDE FL 33715</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLOWERS, CHARLES</b> <b>3129 SW 15TH ST UNIV OF ALASKA</b> <b>FT LAUDERDALE FL 33312</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Christine Ambrose</b> <b>13023 Henry Beadel Dr.</b> <b>Tallahassee FL 32312</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Charida Szemore</b> <b>109 Michigan Ave</b> <b>Indialantic FL 32903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ERIC Bourgauff</b> <b>1201 SONN CT. N.W.</b> <b>PALM BAY, FL. 32907</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300011990553</b> <b>02/07/03--01078--001 **\$61.25</b>	<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* **SIGNATURES REQUIRED**

2/4/03 321-723-9312

CR2E037 (10/02)