

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:06

DOCUMENT # **N14761 (3)**

1. Corporation Name

THE SEA TURTLE PRESERVATION SOCIETY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
PO BOX 510988 MELBORNE BCH FL 32951-0988 US
PO BOX 510988 MELBORNE BCH FL 32951-0988 US

3. Date Incorporated or Qualified **05/06/1986** 3a. Date of Last Report **02/23/1994**
4. FEI Number **59-2856913** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **100 Fourth Avenue** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
Indianantic FL 28
Zip Country Zip Country
24 **32903** 25 **Brevard** 29 30

5. Certificate of Status Desired \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HUGHES, DORI
117 NIEMIRA
INDIATLANTIC FL 32903

10. Name and Address of New Registered Agent
01 Name **Gerald Heyes**
02 Street Address (P.O. Box Number is Not Acceptable) **463 Spoonbill Lane**
03
04 City **Melbourne Beach FL** 05 Zip Code **32951**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Sections 607.0502, Florida Statutes.

SIGNATURE **Dori Hughes President** **Gerald C. Heyes** **5/20/95**
Dori Hughes *Gerald C. Heyes* *5/20/95*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when replacing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HUGHES, DORI
STREET ADDRESS	117 NIEMIRA
CITY - ST - ZIP	INDIANTIC FL
TITLE	VD
NAME	HEYES, GERALD
STREET ADDRESS	524 DOLPHIN ST
CITY - ST - ZIP	MELBOURNE BCH FL
TITLE	TD
NAME	BETOURNAY, PAUL
STREET ADDRESS	7137 SO A1A, UNIT E
CITY - ST - ZIP	MELBOURNE BCH FL
TITLE	S
NAME	BARR, CHARLOTTE
STREET ADDRESS	1298 AUBURN AVE., NW
CITY - ST - ZIP	PALM BAY FL
TITLE	T
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Heyes, Gerald
1.3 STREET ADDRESS	463 Spoonbill Lane
1.4 CITY - ST - ZIP	Melbourne Beach, FL 32951
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rita Karpie
2.3 STREET ADDRESS	310 First Avenue
2.4 CITY - ST - ZIP	Melbourne Beach, FL 32951
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Heyes, Linda
3.3 STREET ADDRESS	463 Spoonbill Lane
3.4 CITY - ST - ZIP	Melbourne Beach, FL 32951
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jean Cartwell
4.3 STREET ADDRESS	402 Rio Palma South
4.4 CITY - ST - ZIP	Indianantic, FL 32903
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: **Dori Hughes** **DORI HUGHES** (407) 452-1711 X718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #