

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N14761** (3)

1. Corporation Name

THE SEA TURTLE PRESERVATION SOCIETY, INC.



Principal Place of Business

Mailing Address

100 4TH AVE
INDIALTANTIC FL 32903
US

PO BOX 510988
MELBORNE BCH FL 32951-0988
US

3. Date Incorporated or Qualified 05/06/1986	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2856913	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEYES, GERALD
463 SPOONBILL LANE
MELBOURNE BEACH FL 32951**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PD HEYES, GERALD	1.1 TITLE	
NAME	HEYES, GERALD	1.2 NAME	
STREET ADDRESS	463 SPOONBILL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD KARPIE, RITA	2.1 TITLE	VD
NAME	KARPIE, RITA	2.2 NAME	FOURNIER, DARCY
STREET ADDRESS	310 FIRST AVE	2.3 STREET ADDRESS	701 EBONY ST.
CITY-ST-ZIP	MELBOURNE BCH FL	2.4 CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	TD HEYES, LINDA	3.1 TITLE	
NAME	HEYES, LINDA	3.2 NAME	
STREET ADDRESS	463 SPOONBILL LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BCH FL	3.4 CITY-ST-ZIP	
TITLE	S CANTWELL, JEAN	4.1 TITLE	
NAME	CANTWELL, JEAN	4.2 NAME	
STREET ADDRESS	402 RIO PALMA S	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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:

Gerald C Heyes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/96

407-984-3599

Date

Daytime Phone #

CR2E037 (12/95)