FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # N14761

(3)

THE SEA TURTLE PRESERVATION SOCIETY, INC.

Principal Plac	Mailing Address				184 BIBUL BEBUI DIDIN BIB	H BITH BION (80)	
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 Les 02/07/	t Report 1996
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2856913	 	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27		5. Certificate of Status Desired	T T T T T T T T T T T T T T T T T T T	5 Additional Required
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be
Zip 24	Country 25	Zip 30	Countr	у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		r s. 199.032,
	9. Name and Address of Currer	nt Registered Agent	10. Name and Address of New Registered Agent				
			8.	Name			
HEYES, GERALD 463 SPOONBILL LANE			82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)	
	JRNE BEAHC FL 32951		83		·		
			84	' '			ip Code
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 reduced wheel reinstanne)						1/6/	97
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Chang	e Addition
NAME	HEYES, GERALD		1.2 NAME				
STREET ADDRESS	463 SPOONBILL LANE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MELBOURNE BEACH FL		1.4 CITY-	ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE			☐ Chang	e Addition
NAME	FOURNIER, DARCY		2.2 NAME				
STREET ADDRESS	701 EBONY STREET		23 STREE	T ADDRESS			
CITY-ST-ZIP	MELBOURNE FL		2. 4 CITY	\$T-ZIP			
TITLE	TD	☐ DELETE	3.1 TITLE			Chang	e L Addition
NAME	HEYES, LINDA		3.2 NAME				
STREET ADDRESS	463 SPOONSBILL LANE			T ADDRESS			
CITY-ST-ZIP TITLE	MELBOURNE BCH FL	☐ DELETE	3.4. CITY	ST-ZIP		[] Oboss	1242
	s Cantwell, Jean	- 0000	4.1 TITLE			☐ Chang	e L. Addition
NAME ATOME ADDRESS			4. 2 NAME				
STREET ADDRESS	402 RIO PALMA S INDIALANTIC FL			T ADDRESS			
CITY-ST-ZIP TITLE	INDIADANTIC FL	DELETE	4.4 CITY - 5.1 TITLE	ST-ZIP		Cháng	e
NAME		المال المال	5.1 IFILE 5.2 NAME			chang	C LANGINGI
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		ļ					
TITLE		DELETE	5.4 CITY - 6.1 TITLE	or-EIF		Change	e Addition
NAME		- Secret	6.2 NAME			Lina Orangi	
STREET ADDRESS				T ADDRESS			ļ
CITY-ST-ZIP							ĺ
OUT OF AF			6.4 CITY	31-211			

14. I do 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 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:

FILED

Jan 17 1997 8:00am

Secretary of State