

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 22 1998 8:00am
Secretary of State**

| | | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 100 4TH AVE INDIALTANTIC FL 32903 US | Mailing Address PO BOX 510988 MELBORNE BCH FL 32951-0988 US |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|
| 3. Date Incorporated or Qualified 05/06/1986 | | |
| 4. FEI Number 59-2856913 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 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 | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| | |
|-------------------------------------------------------|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--------------------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HEYES, GERALD | |
| STREET ADDRESS | 463 SPOONBILL LANE | |
| CITY-ST-ZIP | MELBOURNE BEACH FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | FOURNIER, DARCY | |
| STREET ADDRESS | 701 EBONY STREET | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | HEYES, LINDA | |
| STREET ADDRESS | 463 SPOONSBILL LANE | |
| CITY-ST-ZIP | MELBOURNE BCH FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | CANTWELL, JEAN | |
| STREET ADDRESS | 402 RIO PALMA S | |
| CITY-ST-ZIP | INDIALANTIC FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | TD Buddy BRAUNLICH, BUDDY |
| 5.3 STREET ADDRESS | 150 SANDY SHOES DR |
| 5.4 CITY-ST-ZIP | MELBOURNE BEACH, FL |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | S BRAUNLICH, DONNA |
| 6.3 STREET ADDRESS | 150 SANDY SHOES DR |
| 6.4 CITY-ST-ZIP | MELBOURNE BEACH, FL |

14. 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 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: *[Signature]* **REQUIRED** 1/10/98 407-984-3599

CR2E037 (10/97)