
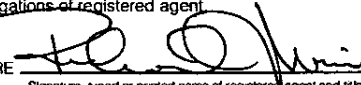



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90014 007 ****61.25

DOCUMENT # N14761					
1. Entity Name THE SEA TURTLE PRESERVATION SOCIETY, INC.					
Principal Place of Business 111 S. MIRAMAR AVE. INDIALTANTIC, FL 32903 US			Mailing Address PO BOX 510988 MELBORNE BCH, FL 32951-0988 US		
2. Principal Place of Business		3. Mailing Address		03242004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2856913	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WINN, RICHARD J 360 RIGGS AVE. MELBOURNE BEACH, FL 32951			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  Richard J. Winn, Chairman March 27, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CT	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINN, RICHARD J		NAME		
STREET ADDRESS	6305 S A1A HWY APT 133		STREET ADDRESS	360 Riggs Ave	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, CHRISTIN		NAME		
STREET ADDRESS	549 LAKE VICTORIA CIR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, NANCY		NAME		
STREET ADDRESS	1477 S. BELFORD CT		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCHBERG, DAVID		NAME		
STREET ADDRESS	1350 ATLANTIC ST APT 2		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYES, GERALD C		NAME		
STREET ADDRESS	463 SPOONBILL LANE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADCOCK, GERELYN		NAME		
STREET ADDRESS	170 FIFTH ST		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP		
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:  Richard J. Winn				Date April 1, 2004 Daytime Phone # 984-1716	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment

24037534
#N14761

10. DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Delete	DT BRAUNLICH, ALBERT 148 MIAMI AVE INDIALANTIC, FL 32903
		<input type="checkbox"/> Delete	D BRAUNLICH, DONNA 148 MIAMI AVE INDIALANTIC, FL 32903
		<input type="checkbox"/> Delete	D POPONI, ANTHONY 210 6 th AVE INDIALANTIC, FL 32903
		<input type="checkbox"/> Delete	D SMITH, BRANDON 2289 WOODWIND TRAIL, #11 MELBOURNE, FL 32935
		<input type="checkbox"/> Delete	D ULMER, CINDY 201 DELAND AVE INDIALANTIC, FL 32903
		<input type="checkbox"/> Delete	DS BECKETT, JESSICA 687 TUPELO DR MELBOURNE, FL 32935

ADDITION

ADDITION

ADDITION

ADDITION

ADDITION

ADDITION

CHANGE

CHANGE

CHANGE

CHANGE

CHANGE

CHANGE