

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90132 003 \*\*\*\*61.25

0000988

**DOCUMENT # N14761**

1. Entity Name  
**THE SEA TURTLE PRESERVATION SOCIETY, INC.**



Principal Place of Business  
**842 NORTH MIRAMAR AVENUE  
INDIALTANTIC FL 32903  
US**

Mailing Address  
**PO BOX 510988  
MELBORNE BCH FL 32951-0988  
US**

2. Principal Place of Business  
**111 S. Miramar Ave.**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Indianctic, FL.**

City & State

Zip  
**32903**

Country  
**USA**

Zip  
Country

4. FEI Number **59-2856913**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WINN, RICHARD J  
6305 S. A1A HWY  
UNIT 133  
MELBOURNE BEACH FL 32951**

7. Name and Address of New Registered Agent

Name **Richard J. Winn**

Street Address (P.O. Box Number is Not Acceptable)  
**360 Riggs Ave.**

City **Melbourne Beach** FL Zip Code **32951**

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** DATE **Apr. 15, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | CT                       | <input type="checkbox"/> Delete |
| NAME           | WINN, RICHARD J          |                                 |
| STREET ADDRESS | 6305 S A1A HWY APT 133   |                                 |
| CITY-ST-ZIP    | MELBOURNE BEACH FL 32951 |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | STEWART, CHRISTIN        |                                 |
| STREET ADDRESS | 549 LAKE VICTORIA CIR    |                                 |
| CITY-ST-ZIP    | MELBOURNE FL 32940       |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | YATES, NANCY             |                                 |
| STREET ADDRESS | 1477 S. BELFORD CT       |                                 |
| CITY-ST-ZIP    | MERRITT ISLAND FL 32952  |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | HOCHBERG, DAVID          |                                 |
| STREET ADDRESS | 1350 ATLANTIC ST APT 2   |                                 |
| CITY-ST-ZIP    | MELBOURNE BEACH FL 32951 |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | HEYES, GERALD C          |                                 |
| STREET ADDRESS | 463 SPOONBILL LANE       |                                 |
| CITY-ST-ZIP    | MELBOURNE BEACH FL 32951 |                                 |
| TITLE          | SD                       | <input type="checkbox"/> Delete |
| NAME           | ADCOCK, GERELYN          |                                 |
| STREET ADDRESS | 170 FIFTH ST             |                                 |
| CITY-ST-ZIP    | MELBOURNE BEACH FL 32951 |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| 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 **Apr. 22 2003** **321-767-1701**

CR2E037 (10/02)