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FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N17815 (4)

1. Corporation Name

FISHERMEN AGAINST DESTRUCTION OF ENVIRONMENT, IN
C.

Principal Place of Business

Mailing Address

225 MARGUERTA DR
W PALM BCH FL 33415
US

PO BOX 16061
W PALM BCH FL 33416-6061
US



3. Date Incorporated or Qualified
11/18/1986

3a. Date of Last Report
07/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, WAYNE
225 MARGUERTA DR
W PALM BCH FL 33415

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 Wayne L. Nelson WAYNE L. NELSON, EXEC. DIR. 4/28/97

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 ☐ DELETE
NAME WALLACE, CRAIG
STREET ADDRESS 337-D TRENT CT
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME WALLACE, CRAIG
1.3 STREET ADDRESS 10300 LEXINGTON EST. BLVD
1.4 CITY-ST-ZIP BOCA RATON, FL. 33428

TITLE VD ☐ DELETE
NAME OUELLETTE, BRIAN
STREET ADDRESS 16086 E ALLAN BLACK BLVD
CITY-ST-ZIP LOXTAHATCHEE FL

2.1 TITLE VD ☐ Change ☐ Addition
2.2 NAME OUELLETTE, BRIAN
2.3 STREET ADDRESS 16086 E. ALLEN BLACK BLVD.
2.4 CITY-ST-ZIP LOXHATCHER, FL. 33470

TITLE ST ☐ DELETE
NAME KAPP, FRANK
STREET ADDRESS 2536 SW 10TH ST
CITY-ST-ZIP BOYNTON BCH FL

3.1 TITLE ST ☐ Change ☐ Addition
3.2 NAME KAPP, FRANK
3.3 STREET ADDRESS 2536 SW 10th St.
3.4 CITY-ST-ZIP BOYNTON BEACH, FL.

TITLE M ☐ DELETE
NAME NELSON, WAYNE
STREET ADDRESS 225 MARGUERITA DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

4.1 TITLE M ☒ Change ☐ Addition
4.2 NAME NELSON, WAYNE L.
4.3 STREET ADDRESS 225 B N. MARGUERITA DR.
4.4 CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

CR2E037 (9/96)