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NONPROFIT PORATION VINUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

WEST PALM BEACH FL

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

FILED May 14 1998 8:00am Secretary of State

| FISHERMEN AGAINST DESTRUCTION OF ENVIRONMENT, IN C. | | | | | | | | | | | | |
|---|---|-------------------------------|---------------------|---------------------|-------------------------------------|---|---------------------------|--|---------------|----------------------|-----------------------|--|
| Principal Place of Business Mailing Address | | | | | | n nadakinak ban kidin badan nakah yadan daka bidak didik didi | | | | | IBLE BIBLE IBBE | |
| 225 MARGUERTA DR PO BOX 16061 W PALM BCH FL 33415 W PALM BCH FL 33416 US US | | | | | | | | 3. Date Incorporated or Qualified 11/18/1986 4. FEI Number Applied For | | | | |
| | | | | | | NOT APPLICABLE | | No | ot Applicable | | | |
| 21 | lace of Busines | S | 26 | | | | | 5. Certificate of Status Desired | | | Additional equired | |
| Sulte, Apt. | #, etc. | | | Suite, Apt. #, etc. | | | | 6. Election Campaign Financing | | \$5.00 | | |
| City & State | θ | 27 Cii | City & State | | | | Trust Fund Contribution | | | | | |
| 23 | | | 28 | <u>├</u> ─ŋ ' | | | | Yes No | | | | |
| Zip | | Country | Zip |) | Coun | ry | | 8. This corporation owes or has p | aid the cur | | | |
| 24 | 25 29 30 | | | | 30 | | | Personal Property Tax due June 30. | | | | |
| | 9. Name ar | nd Address of Curre | nt Registere | d Agent | | 41 :: | | 10. Name and Address of New Registered Agent | | | | |
| | | | | | 8 | 1 Nan | ne | | | | | |
| NELSON, WAYNE | | | | | 8 | 2 Stre | et Addres | ss (P.O. Box Number is Not Accepta | ıble) | | | |
| 225 MARGUERTA DR | | | | | E | | | | | | | |
| W PALM BOH FL 33415 | | | | | | | | | | | | |
| | | | | | | | | 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 familial with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | | | | | | |
| agent. I am familia with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, type of product product product of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE DATE | | | | | | | | | | | | |
| SIGNATURE . | Signature, typed x | printed name of registered ag | ent and title if an | MAYNE Mable (NO) | E: Registered A | LSO anni signa | ture regulred | EXEC. DIR. | DATE | 7 ° 1 | 10 | |
| 12. | | OFFICERS AN | | 13. | | | ADDITIONS/CHANGES TO OFFI | CERS AND | DIRECTOR | RS IN 12 | | |
| TITLE | PD | | | DELETE | 1.1 TITU | | | | | Change | Addition | |
| NAME | WALLACE, CRAIG | | | | 1.2 NAME | | | | | | | |
| STREET ADDRESS | | | | | 1.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | BOCA RATON FL | | | | 1.4 CITY - ST - ZIP | | | | | | | |
| TITLE | 10 | | | | 2.1 TITLE | | | | | ☐ Change | ☐ Addition | |
| NAME | OUELLETTE, BRIAN | | | | | | | | | | | |
| STREET ADDRESS | 1911-1-1911-1911- | | | | | 2.3 STREET ADDRESS | | | | | ļ | |
| CITY-ST-ZIP | LOXTAHATCHEE FL | | | | | 2.4 CITY+ST-ZIP | | | | Channe | T Addition | |
| TITLE | ST COL | LA NIZ | | DELETE | 3.1 TITLE | | 344 | AES M HARVEY | | Change | Addition | |
| · | WAME KAPP, FRANK | | | | 3.2 NAME | | 310 | TO FOX HALL DE N | ١. | | | |
| STREET ADDRESS | | | | | 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP | | | MES M. HARVEY 16 Fox Hall DR M ST Palm Beach, F | L 33 | 417 | | |
| CITY-ST-ZIP TITLE | | | | | 3.4. CITY 4.1 TITLE | | | | | Change | Addition | |
| NAME | MELSON, 1 | WAYNE | | DELETE | 4, 2 NAN | | 1 | | | - Augusto | , 140min) | |
| STREET ADDRESS | | UERITA DRIVE | | | | - et addres | is | | | 1 | | |

100002526931 -05/18/98--01043--033 ***61.25 CITY-ST-ZIP 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE