

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N21746** (5)
1. Corporation Name
THE NAUTILUS FOUNDATION, INC.



Principal Place of Business: **The Nautilus Foundation**
%FRANCOIS BUCHER
P.O. BOX 368
LLOYD FL 32337

Mailing Address: **The Nautilus Foundation**
%FRANCOIS BUCHER
P.O. BOX 368
LLOYD FL 32337

3. Date Incorporated or Qualified: **07/28/1987**
3a. Date of Last Report: **01/26/1995**

2. Principal Place of Business: **The Nautilus Foundation**
Suite, Apt. #, etc.: **N/A**
City & State: **Lloyd, Florida**
Zip: **32337**
Country: **Jefferson**

2a. Mailing Address: **Lloyd Creek Road**
Suite, Apt. #, etc.: **N/A**
City & State: **Lloyd, Florida**
Zip: **32337**
Country: **Jefferson**

4. FEI Number: **59-2831678**
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
WARFEL, TIMOTHY J.
215 S. MONROE STREET
FIRST FLORIDA BANK BLDG STE 701
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
B1 Name: **N/A**
B2 Street Address (P.O. Box Number is Not Acceptable):
B3
B4 City: **FL** B5 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: **N/A** (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHER, FRANCOIS	1 2 NAME	
STREET ADDRESS	NAUTILUS DRIVE	1 3 STREET ADDRESS	N/A
CITY-ST-ZIP	LLOYD FL	1 4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIERLEIN, MARY	2 2 NAME	
STREET ADDRESS	1208-5 CROSS CREEK WAY	2 3 STREET ADDRESS	N/A
CITY-ST-ZIP	TALLAHASSEE FL	2 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, MARSHA	3 2 NAME	
STREET ADDRESS	805 LAUREL CIRCLE	3 3 STREET ADDRESS	N/A
CITY-ST-ZIP	TALLAHASSEE FL	3 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIVINS, BENJAMIN	4 2 NAME	
STREET ADDRESS	2805 THOMASVILLE RD.	4 3 STREET ADDRESS	N/A
CITY-ST-ZIP	TALLAHASSEE FL	4 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLENDL, HANS	5 2 NAME	
STREET ADDRESS	6556 ALAN-A-DALE TRAIL	5 3 STREET ADDRESS	N/A
CITY-ST-ZIP	TALLAHASSEE FL	5 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, ROY	6 2 NAME	
STREET ADDRESS	5962 CENTERVILLE RD	6 3 STREET ADDRESS	N/A
CITY-ST-ZIP	TALLAHASSEE FL	6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Francois Bucher** 1/17/96 997-1778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)