

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 29 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 # N21746 (5)
1. Corporation Name
THE NAUTILUS FOUNDATION, INC.



Principal Place of Business Mailing Address
THE NAUTILUS FOUNDATION **LLOYD CREEK ROAD**
P.O. BOX 368 **P.O. BOX 368**
LLOYD FL 32337 **LLOYD FL 32337-0368**
US **US**

3. Date Incorporated or Qualified **07/28/1987** 3a. Date of Last Report **01/31/1996**

2. Principal Place of Business 2a. Mailing Address
21 **LLOYD FL 32337** 26 **POB 368 NAUTILUS DR**

4. FEI Number **59-2831678** Applied For
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

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

23 City & State **LLOYD FL 32337** 28 City & State **LLOYD FL 32337**

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

24 Zip **32337** Country **USA** 29 Zip **32337** Country **USA**

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 3748 FORSYTHE WAY
FIRST FLORIDA BANK BLDG STE 701
TALLAHASSEE FL 32301 32308

10. Name and Address of New Registered Agent
81 Name **N.A.**
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 **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	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	
CITY-ST-ZIP	LLOYD FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIERLEIN, MARY	2.2 NAME	VICKI EMBRY
STREET ADDRESS	1208-5 CROSS CREEK WAY	2.3 STREET ADDRESS	2622 MAYFAIR RD
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE 32303
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, MARSHA	3.2 NAME	JERRY DRAPER
STREET ADDRESS	805 LAUREL CIRCLE	3.3 STREET ADDRESS	FAB, CALL FOR FLORIDA STATE UNIVERSITY
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	TALLAHASSEE FL 32306
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BVINS, BENJAMIN	4.2 NAME	ROGER CAMPBELL
STREET ADDRESS	2805 THOMASVILLE RD.	4.3 STREET ADDRESS	321 JAMESON RD
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	ATTAPULGUS GA 31715
TITLE	D	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	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	D	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	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

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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.

SIGNATURE **Francois Bucher** **FRANCOIS BUCHER 1/20/97/404997178**

CR2E037 (9/96)