


FILE NOW: FILING FEE IS \$61.25

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Feb 10 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21746 (5)**

1. Corporation Name  
**THE NAUTILUS FOUNDATION, INC.**



Principal Place of Business <b>THE NAUTILUS FOUNDATION P.O. BOX 368 LLOYD FL 32337 US</b>	Mailing Address <b>POB 368 NAUTILUS DR LLOYD FL 32337 US</b>
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3. Date Incorporated or Qualified  
**07/28/1987**

4. FEI Number  
**59-2831678**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business <b>21 NAUTILUS FOUNDATION</b>	2a. Mailing Address <b>26 POB 368</b>
Suite, Apt. #, etc. <b>22 LLOYD CREEK RR</b>	Suite, Apt. #, etc. <b>27 LLOYD CREEK RD.</b>
City & State <b>23 LLOYD FL</b>	City & State <b>28 LLOYD FL</b>
Zip <b>24 32337</b>	Country <b>25 U.S.</b>
Country <b>29 U.S.</b>	Zip <b>30 32337</b>

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2120 Killarney Way</b>
83	
84 City	<b>Tallahassee</b>
85 Zip Code	<b>FL 32308</b>

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 \_\_\_\_\_  
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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCHER, FRANCOIS</b>	1.2 NAME	
STREET ADDRESS	<b>NAUTILUS DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LLOYD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EMBRY, VICKY</b>	2.2 NAME	<b>D - ROBERTA MAIDOX, P.O.B. 5552</b>
STREET ADDRESS	<b>2822 MAYFAIR RD</b>	2.3 STREET ADDRESS	<b>TALLAHASSEE FL</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY-ST-ZIP	<b>32314</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>(no street address)</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRAPER, JERRY</b>	3.2 NAME	<b>N/A. NO STREET ADDRESS</b>
STREET ADDRESS	<b>FAB CALL ST, FLORIDA STATE UNIVERSITY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIVINS, BENJAMIN</b>	4.2 NAME	
STREET ADDRESS	<b>2805 THOMASVILLE RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLENDL, HANS</b>	5.2 NAME	
STREET ADDRESS	<b>8556 ALAN-A-DALE TRAIL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNIGHT, ROY</b>	6.2 NAME	
STREET ADDRESS	<b>5962 CENTERVILLE RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	6.4 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.

SIGNATURE: **Bucher 11/10/97 850 997 1779**

CR2E037 (10/97)