FILE NOW: FILING FEE IS $61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90014 032 ****70.00

0079240

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21860**

1. Corporation Name

S.E.A. RESCUE FOUNDATION, INC.

Principal Place of Business	Mailing Address
762 SAILFISH DR. FT. WALTON BEACH FL 32548	762 SAILFISH DR. FT. WALTON BEACH FL 32548

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/03/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 43-1259211 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SCHWEITZER, THEODORE G
762 SAILFISH DR.
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SCHWEITZER, THEODORE G.		1.2 NAME		
STREET ADDRESS	~~P.O. BOX 9146 N/A~~		1.3 STREET ADDRESS	762 SAILFISH DRIVE	
CITY-ST-ZIP	~~HURLBURT FL 32544~~		1.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32548	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHWEITZER, DOROTHY		2.2 NAME		
STREET ADDRESS	216 ANGLER AVE, #15		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH FL 32548		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STEVENS, CHARLOTTE		3.2 NAME		
STREET ADDRESS	1559 PINEVIEW DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LE, HANG T		4. 2 NAME		
STREET ADDRESS	P.O. BOX 9146 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	HURLBURT FL 32544		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Theodore G. Schweitzer SIGNATURE REQUIRED — 26 JAN 99 — 850 243-8488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #