

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000003330 (4)**  
 1. Corporation Name  
**CAPE ELEUTHERA MARINE CONSERVATION PROJECT, INC.**



Principal Place of Business <b>50 W MASHTA DR #5 KEY BISCAIYNE FL</b>	Mailing Address <b>50 W MASHTA DR #5 KEY BISCAIYNE FL</b>
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3. Date Incorporated or Qualified  
**06/09/1997**

4. FEI Number  Applied For  Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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

9. Name and Address of Current Registered Agent  
**BEALL, KENNETH J JR  
 777 S FLAGLER DR STE 500 E  
 WEST PALM BCH FL 33401**

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEALL, KENNETH S JR</b>	1.2 NAME	
STREET ADDRESS	<b>777 S FLAGLER DR STE 500E</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BCH FL 33401</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENETTI, DANIEL D</b>	2.2 NAME	
STREET ADDRESS	<b>5600 US 1 NO</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT PIERCE FL 34948</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, DAVID W</b>	3.2 NAME	
STREET ADDRESS	<b>201 MONROE AVE NW STE 500</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GRAND RAPIDS MI 49503</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>MAXEY, CHRISTOPHER B</b>	4.2 NAME	
STREET ADDRESS	<b>P O BOX 6008 N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAWRENCEVILLE NJ 08648</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>NUTTAL BT, NICHOLAS</b>	5.2 NAME	
STREET ADDRESS	<b>P O BOX N7778 N/A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASSAU NEW PROVINCENCE BHAMAS</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>TWISS, JOHN J JR</b>	6.2 NAME	
STREET ADDRESS	<b>901 TURKEY RUN ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MCLEAN VA 22101</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: *C. B. Maxey* **4-18-98** **609/844-1228**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)