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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N97000003330

1. Corporation Name
CAPE ELEUTHERA MARINE CONSERVATION PROJECT, INC.

Principal Place of Business
 50 W MASHTA DR #5
 KEY BISCAYNE FL

Mailing Address
 50 W MASHTA DR #5
 KEY BISCAYNE FL



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/09/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	APPLIED FOR 31-1591503
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
29	30	6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BEALL, KENNETH J JR 777 S FLAGLER DR STE 500 E WEST PALM BCH FL 33401		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEALL, KENNETH S JR	1.2 NAME	
STREET ADDRESS	777 S FLAGLER DR STE 500E	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL 33401	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENETTI, DANIEL D	2.2 NAME	
STREET ADDRESS	5600 US 1 NO	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34946	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, DAVID W	3.2 NAME	
STREET ADDRESS	201 MONROE AVE NW STE 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI 49503	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXEY, CHRISTOPHER B	4.2 NAME	
STREET ADDRESS	P O BOX 6008 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUTTAL BT, NICHOLAS	5.2 NAME	
STREET ADDRESS	P O BOX N7776 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	NASSAU NEW PROVINCENCE BHAMAS	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWISS, JOHN J JR	6.2 NAME	
STREET ADDRESS	901 TURKEY RUN ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22101	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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
 2-20-99 (09) 844-0850
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0031962

CR2E037 (1/198)