

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

0012337

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT 21 PM 12:37

SECRETARY OF STATE



DOCUMENT # N97000006088 (5)
1. Corporation Name
THE UNITED CHAPTERS: PROFESSIONAL MARINE BIOLOGISTS OF UNITED NATIONS TRUST TERRITORY INTERFRAT

Principal Place of Business Mailing Address
720 CELEBRATION AVE., STE. 170 WALT DISNEY COMMUNITY CELEBRATION CELEBRATION CITY FL 34747

3. Date Incorporated or Qualified: 10/28/1997
4. FEI Number: 59-3475606 Applied For: Not Applicable
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
NATIONAL EXPEDITIONARY MARITIME HISTORIC HAVEN FOR ANCIENT PRESERVATION COMPANY
720 CELEBRATION AVE., STE. 170
CELEBRATION CITY FL 34747

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.
SIGNATURE: *[Signature]* Date: 9/28/98

12. OFFICERS AND DIRECTORS
1.1 TITLE: *Real Property Director*
1.2 NAME: *MARIA DELCARMEN MARTINEZ PERENA ROMAN ALICIA*
1.3 STREET ADDRESS: *720 Celebration Ave. Suite 170*
1.4 CITY-ST-ZIP: *Celebration, FL 34747*
2.1 TITLE: *EXPIDYER EL COQUI*
2.2 NAME: *720 Celebration Ave. Suite 170*
2.3 STREET ADDRESS: *Celebration City, FL 34747*
2.4 CITY-ST-ZIP: *Celebration City, FL 34747*
3.1 TITLE: *A.D. Knightia Bede Devonish Exeter*
3.2 NAME: *720 Celebration Ave. Suite 170*
3.3 STREET ADDRESS: *Celebration City, FL 34747*
4.1 TITLE: *[Blank]*
4.2 NAME: *[Blank]*
4.3 STREET ADDRESS: *[Blank]*
4.4 CITY-ST-ZIP: *[Blank]*
5.1 TITLE: *[Blank]*
5.2 NAME: *[Blank]*
5.3 STREET ADDRESS: *[Blank]*
5.4 CITY-ST-ZIP: *[Blank]*
6.1 TITLE: *[Blank]*
6.2 NAME: *[Blank]*
6.3 STREET ADDRESS: *[Blank]*
6.4 CITY-ST-ZIP: *[Blank]*

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME: Change Addition
1.3 STREET ADDRESS: Change Addition
1.4 CITY-ST-ZIP: Change Addition
2.1 TITLE: Change Addition
2.2 NAME: Change Addition
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5.4 CITY-ST-ZIP: Change Addition
6.1 TITLE: Change Addition
6.2 NAME: Change Addition
6.3 STREET ADDRESS: Change Addition
6.4 CITY-ST-ZIP: Change Addition

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: *[Signature]* Date: 9/28/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *[Signature]* Date: 9/28/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *[Signature]* Date: 9/28/98

CR2E037 (5/98)