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Jan 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N41470 (8)

1. Corporation Name

WILD DOLPHIN PROJECT, INC.



Principal Place of Business

Mailing Address

612 N ORANGE AVE
D-6
JUPITER FL 33458
US

612 N ORANGE AVE
D-6
JUPITER FL 33458-5020
US

3. Date Incorporated or Qualified
12/06/1990

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0264660

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERZING, DENISE L.
751 OCEAN DR
#6
JUNO BEACH FL 33408

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 SAME ↑

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 P ☐ DELETE
NAME ROSS, DIANE
STREET ADDRESS 1439 PARK ROW
CITY-ST-ZIP LA JOLLA CA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VR ☒ DELETE
NAME ROSS, DIANE
STREET ADDRESS 1439 PARK ROW
CITY-ST-ZIP LAJOLLA CA 92037

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME ANNE EARHART
2.3 STREET ADDRESS 105 CRESCENT BAY #M
2.4 CITY-ST-ZIP LAGUNA BEACH, CA 92651

TITLE D ☒ DELETE
NAME JANIS, BILL
STREET ADDRESS 111 SEACATE RD
CITY-ST-ZIP PALM BEACH FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME TWITCHELL, KEITH
STREET ADDRESS 3023 PONCE DE LEON
CITY-ST-ZIP NEW ORLEANS LA

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME LINDA CASTELL
4.3 STREET ADDRESS 1322 NORMAN ST
4.4 CITY-ST-ZIP REDWOOD CITY, CA 94061

TITLE D ☐ DELETE
NAME TRAUGHBER, CHRIS
STREET ADDRESS 28516 CRENSHAW BLVD
CITY-ST-ZIP PALOS VERDES CA 90274

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HERZING, DENISE
STREET ADDRESS 751 OCEAN DR
CITY-ST-ZIP JUNO BEACH FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME T, D
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: Denise Herzing

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-Jan-96 561-575-5681

Date

Daytime Phone # 0043435

CR2E037 (9/96)