


FILED
Apr 25, 2008 8:00 am
Secretary of State

40004-

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # 769841 | |  | | 04-25-2008 90112 001 ****61.25 | |
| 1. Entity Name LOGGERHEAD MARINELIFE CENTER, INC. | | | | | |
| Principal Place of Business 14200 US HIGHWAY 1 JUNO BCH, FL 33408 US | | Mailing Address 14200 US HIGHWAY 1 JUNO BCH, FL 33408 US | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04032008 Chg-NP CR2E037 (12/06) | |
| City & State | | City & State | | 4. FEI Number 59-2445926 | |
| Zip | | Country | | Applied For Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| MILLER, MORRIS G 1551 FORUM PLACE SUITE 200 WEST PALM BEACH, FL 33401 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | | |
| | | | | City FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u>Morris G. Miller</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WYNEKEN, JEANETTE PHD | NAME | | | |
| STREET ADDRESS | 1033 CORAL DRIVE | STREET ADDRESS | | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33426 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GRAZIOTT, RAYMOND E | NAME | PD GRAZIOTT, RAYMOND E | | |
| STREET ADDRESS | 630 MAPLEWOOD DRIVE #100 | STREET ADDRESS | 630 Maplewood Dr #110 | | |
| CITY-ST-ZIP | JUPITER, FL 33458 | CITY-ST-ZIP | Jupiter, FL 33458 | | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MILLER, MORRIS G | NAME | D MILLER, MORRIS G. | | |
| STREET ADDRESS | 2690-TOWLE DRIVE | STREET ADDRESS | 2690 Towle Dr | | |
| CITY-ST-ZIP | PALM BCH GARDENS, FL 33410 | CITY-ST-ZIP | Palm Beach Gardens, FL 33410 | | |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | PERKINS, WINIFRED G | NAME | | | |
| STREET ADDRESS | 12045 N. EDGEWATER DRIVE | STREET ADDRESS | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 | CITY-ST-ZIP | | | |
| TITLE | SD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | NELSON, GAIL | NAME | | | |
| STREET ADDRESS | 14972 PALMWOOD RD | STREET ADDRESS | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 | CITY-ST-ZIP | | | |
| TITLE | TD <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | MULLEN, JAMES F IV | NAME | TD Waxman, Brian | | |
| STREET ADDRESS | 2904 N. MILLER DRIVE | STREET ADDRESS | 122 olympus way | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 | CITY-ST-ZIP | Jupiter, FL 33477-7301 | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Morris G. Miller</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |