


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 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
--	---	---

DOCUMENT # **712802** (8)

1. Corporation Name

**THE MARINE AQUARIUM SOCIETY OF THE PALM BEACHES, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 182  
WEST PALM BEACH FL 33402

12505 WOODMILL DR  
PBG FL 33418  
US



3. Date Incorporated or Qualified

**05/24/1967**

4. FEI Number

**59-1973161**

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

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLOOD, PAMELA  
12505 WOODMILL DR  
PBG FL 33418**

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

*Pamela Flood, Treasurer*  
Signature, typed or printed name of registered agent and title if applicable

*(Pamela Flood)*  
(NOTE: Registered Agent signature required when reinstating)

**2-1-98**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P FLOOD, A COLIN**  
STREET ADDRESS **12505 WOODMILL DR**  
CITY-ST-ZIP **PBG FL**

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

TITLE ☐ DELETE  
NAME **VP DURBIN, PAUL**  
STREET ADDRESS **207 VALENCIA RD**  
CITY-ST-ZIP **WPB FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VP RAFF, AL**  
STREET ADDRESS **250 SW LANGFIELD AVE**  
CITY-ST-ZIP **PORT ST LUCIE FL**

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

TITLE ☐ DELETE  
NAME **T FLOOD, PAMELA**  
STREET ADDRESS **12505 WOODMILL DR**  
CITY-ST-ZIP **PBG FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D GUEL, VINCINT**  
STREET ADDRESS **71 LAKE ARBOR DR**  
CITY-ST-ZIP **PALM SPRGS FL**

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

TITLE ☐ DELETE  
NAME **D ZORATTI, RON**  
STREET ADDRESS **437 GULFSTREAM RD**  
CITY-ST-ZIP **PALM SPRINGS FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*W. Colin Flood*

**2-9-98**

CR2E037 (10/97)