NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Suite, Apt. #, etc.

LEASOR, JOHN E 726 SOUTH LAKE AVENUE **DELRAY BEACH, 33483**

City & State

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Zip

718206 **DOCUMENT #**

Country

9. Name and Address of Current Registered Agent

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(6)

Suite, Apt. #, etc.

City & State

Zip

FOUNDATION FOR THE SUPPORT OF MARINE YOUTH ACTIV ITIES, INC. Principal Place of Business Mailing Address 7677 COURTYARD RUN WEST 7677 COURTYARD RUN WEST **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 2a. Mailing Address 21 26

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ntry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
	10. Name and Address of New Registered Agent
81	Name
62	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City F1 85 Zip Code

3. Date Incorporated or Qualified

03/17/1970

23-7115524

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

3a. Date of Last Report

04/27/1995

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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 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.

Co 30

SIGNATURE Signature, typed or printed name of registered agent and little if applicable [NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE P/D **D** Change ☐ Addition NAME WORTHMAN, ROBERT 1.2 NAME 7677 COURTYARD RUN WEST STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change **X** Addition 2 1 TITLE TITLE SPRINKEL, DAVID STROMBERG, CHRISTINA NAME 2.2 NAME 2958 NW 24th TER 9596 LANCASTER PLACE STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** BOCA RATON FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition Change TITLE D 3.1 TITLE LEASOR, JOHN NAME 3.2 NAME 726 SOUTH LAKE AVENUE STREET ADDRESS 3.3 STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE MURRAY, RICHARD NAME 4. 2 NAME STREET ADDRESS 575 NW 13TH AVENUE 4.3 STREET ADDRESS **BOCA RATON FL** 4.4 CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition TITLE SD 5 1 TITLE NAME GOFF, DAVE 5.2 NAME 761 NE MARINE DR STREET ADDRESS 5.3 STREET ADDRESS **BOCA RATON, FL 00000** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE **T/D** Addition TITLE VD. 61 TITLE AMENO, JAY NAME 6.2 NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 empoyered to execute this region 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: ROBERT J. WORTHMAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

2015 SHARON ST

BOCA RATON, FL 00000

STREET ADDRESS

2/10/96 407-367-8606