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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718206** (6)
1. Corporation Name
FOUNDATION FOR THE SUPPORT OF MARINE YOUTH ACTIVITIES, INC.



Principal Place of Business 7677 COURTYARD RUN WEST BOCA RATON FL 33433	Mailing Address 7677 COURTYARD RUN WEST BOCA RATON FL 33433
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3. Date Incorporated or Qualified 03/17/1970		
4. FEI Number 23-7115524	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent
**LEASOR, JOHN E
728 SOUTH LAKE AVENUE
DELRAY BEACH, 33483**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WORTHMAN, ROBERT	1.1 TITLE	TD
NAME	7677 COURTYARD RUN WEST	1.2 NAME	
STREET ADDRESS	BOCA RATON FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SPRINKEL, DAVID	2.1 TITLE	D
NAME	2958 NW 24TH TERR	2.2 NAME	DUROCHER, DAVID
STREET ADDRESS	BOCA RATON FL	2.3 STREET ADDRESS	6844 PALMETTO CIR. S. # 203
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BOCA RATON, FL, 33433
TITLE	D LEASOR, JOHN	3.1 TITLE	
NAME	728 SOUTH LAKE AVENUE	3.2 NAME	
STREET ADDRESS	DELRAY BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MURRAY, RICHARD	4.1 TITLE	
NAME	575 NW 13TH AVENUE	4.2 NAME	
STREET ADDRESS	BOCA RATON FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD GOFF, DAVE	5.1 TITLE	PD
NAME	761 NE MARINE DR	5.2 NAME	EKLE, BARRY
STREET ADDRESS	BOCA RATON, FL 00000	5.3 STREET ADDRESS	480 NE 55 TER
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL
TITLE	TD AMENO, JAY	6.1 TITLE	D
NAME	2015 SHARON ST	6.2 NAME	ROBERT, THOMAS
STREET ADDRESS	BOCA RATON, FL 00000	6.3 STREET ADDRESS	4701 NW 54 TER
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BOCA RATON, FL 33431

Change Addition

Change Addition

Change Addition

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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)(f), 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: **ROBERT WORTHMAN** 4/20/98 305-225-3325

CR2037 (10/97)