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**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90192 038 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 718206

1. Corporation Name  
**FOUNDATION FOR THE SUPPORT OF MARINE YOUTH ACTIVITIES, INC.**

\* 4 3 3 3 5 5 / 433557 - 90192 - 38 \*

Principal Place of Business: 7677 COURTYARD RUN WEST BOCA RATON FL 33433  
 Mailing Address: 7677 COURTYARD RUN WEST BOCA RATON FL 33433



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/17/1970
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	23-7115524
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
29	30	6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEASOR, JOHN E 726 SOUTH LAKE AVENUE DELRAY BEACH, FL 33483		B1 Name	B5 Zip Code
		B2 Street Address (P.O. Box Number is Not Acceptable)	FL
		B3	
		B4 City	

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	P/D
NAME	WORTHMAN, ROBERT	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7677 COURTYARD RUN WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURCOCHER, DAVID	2.2 NAME	
STREET ADDRESS	6844 PALMETTO CIRCLE, SOUTH 203	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEASOR, JOHN	3.2 NAME	
STREET ADDRESS	726 SOUTH LAKE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	T/D
NAME	MURRAY, RICHARD	4.2 NAME	MARNA MARTINO
STREET ADDRESS	575 NW 13TH AVENUE	4.3 STREET ADDRESS	9715 ARBOR OAKS LANE, Apt 102
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	PD	5.1 TITLE	V/D
NAME	EKLE, BARRY	5.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	480 NE 55 TER	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, DAVE	6.2 NAME	
STREET ADDRESS	761 NE MARINE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	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, with all other like empowers.

SIGNATURE: Robert Worthman 4/24/99 305-740-2345  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)