

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90019 014 ****61.25

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DOCUMENT # 721911 1. Entity Name THE FLORIDA MARINE AQUARIUM SOCIETY, INC.					
Principal Place of Business C/O MUSEUM IGFA 300 GULF STREAM WAY DANIA BEACH, FL 33004			Mailing Address C/O MUSEUM IGFA 300 GULF STREAM WAY DANIA BEACH, FL 33004		
2. Principal Place of Business 90 Dean Swade Suite, Apt. #, etc. 1400 NW 102nd Drive City & State Coral Springs FL Zip 33071 Country USA		3. Mailing Address Suite, Apt. #, etc. PO Box 121256 City & State Ft. Lauderdale, FL Zip 33312 Country USA			
4. FEI Number 59-6589313			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BEZOLD, RICHARD M ONE S.E. 3RD AVENUE 28TH FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent 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 _____ <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, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD JORDAN, HERMAN IGFA, 300 GULF STREAM WAY DANIA BEACH, FL 33004	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP 13420 NW Miami Court Miami, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BOELGER, MARISSA IGFA, 300 GULF STREAM WAY DANIA BEACH, FL 33004	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAYA, LISA IGFA, 300 GULF STREAM WAY DANIA BEACH, FL 33004	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 651 WEST TROPICAL WAY PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JORDAN, SHELLY IGFA, 300 GULF STREAM WAY DANIA BEACH, FL 33004	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Dean Swade 1400 NW 102nd Drive Coral Springs, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MICHELLE CANDELARIA 651 WEST TROPICAL WAY PLANTATION, FL 33317
12. 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 1-28-05 954-599-5905 <small>Daytime Phone #</small>					