

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90035 038 ****61.25

DOCUMENT # 721911

1. Entity Name

THE FLORIDA MARINE AQUARIUM SOCIETY, INC.



Principal Place of Business

C/O DEAN SWADE
1400 NORTHWEST 102ND DRIVE
CORAL SPRINGS, FL 33071 US

Mailing Address

1400 NORTHWEST 102ND DRIVE
CORAL SPRINGS, FL 33071 US

401277



04262007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6589313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEZOLD, RICHARD M
ONE SOUTHEAST THIRD AVENUE
28TH FLOOR
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ~~DVP~~ ~~DP~~ DP
NAME LITTLE, CHRIS
STREET ADDRESS 1400 NORTHWEST 102ND DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE ~~DVP~~ ~~DP~~ ~~East~~ ~~fills~~ ~~Loggen~~
NAME CANDELARIO, ROBERT
STREET ADDRESS 1400 NORTHWEST 102ND DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE DT
NAME SWADE, DEAN
STREET ADDRESS 1400 NORTHWEST 102ND DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE DS ~~Long~~ ~~Rondy~~
NAME CANDELARIA, MICHELLE
STREET ADDRESS 1400 NORTHWEST 102ND DRIVE
CITY-ST-ZIP PLANTATION, FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/07

Date

Daytime Phone #

954

575-8571