

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726998 (8)
1. Corporation Name
YANKEETOWN MARINE TRAINING AND RESCUE GROUP, INC



Principal Place of Business
**#85 CANTERBURY RD
P.O. BOX 178
INGLIS FL 34449
US**

Mailing Address
**P.O. BOX 40
INGLIS FL 34449
US**

3. Date Incorporated or Qualified
07/20/1973

3a. Date of Last Report
04/05/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2636700		Applied For <input type="checkbox"/> Not Applicable	
21		26					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

**THOMPSON, THOMAS F
#85 CANTERBURY RD
INGLIS FL 34449**

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
		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 *Thomas F. Thompson*

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

(NOTE: Registered Agent signature required when reinstating.)

3/14/96

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KONOLD, RUSSELL			1.2 NAME	DUFFY, THOMAS J.		
STREET ADDRESS	154 MORRIS BLVD			1.3 STREET ADDRESS	#20 65TH ST.		
CITY-ST-ZIP	INGLIS FL			1.4 CITY-ST-ZIP	YANKEETOWN, FL 34498		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LARSON, RUSSELL M			2.2 NAME	KONOLD, RUSSELL E.		
STREET ADDRESS	9708 W SANDRA ST			2.3 STREET ADDRESS	154 MORRIS BLVD.		
CITY-ST-ZIP	CRYSTAL RIVER FL			2.4 CITY-ST-ZIP	INGLIS, FL 34449		
TITLE	DST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	THOMPSON, THOMAS F			3.2 NAME	KENNEDY, MARY E.		
STREET ADDRESS	85 CANTERBURY ROAD			3.3 STREET ADDRESS	#48 64TH ST.		
CITY-ST-ZIP	INGLIS FL			3.4 CITY-ST-ZIP	YANKEETOWN, FL 34498		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PIERCE, WILLIAM M			4.2 NAME	THOMPSON, THOMAS F.		
STREET ADDRESS	P.O. BOX 38			4.3 STREET ADDRESS	#85 CANTERBURY RD.		
CITY-ST-ZIP	MORRISTON FL			4.4 CITY-ST-ZIP	INGLIS, FL 34449		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HILDEBRAND, OTTO L			5.2 NAME	LARSON, RUSSELL M.		
STREET ADDRESS	30 E 65 ST			5.3 STREET ADDRESS	9708 SANDRA ST.		
CITY-ST-ZIP	INGLIS FL			5.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34426		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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: *Thomas F. Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 (352) 447-2328
Date Daytime Phone #

CR2E037 (12/95)