

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726998** (8)  
1. Corporation Name  
**YANKEETOWN MARINE TRAINING AND RESCUE GROUP, INC**



Principal Place of Business <b>#85 CANTERBURY RD PO BOX 40 INGLIS FL 34449 US</b>	Mailing Address <b>P.O. BOX 40 INGLIS FL 34449 US</b>
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3. Date Incorporated or Qualified <b>07/20/1973</b>	
4. FEI Number <b>59-2636700</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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

9. Name and Address of Current Registered Agent <b>THOMPSON, THOMAS F #85 CANTERBURY RD INGLIS FL 34449</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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* **3/30/98**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	<b>DUFFY, THOMAS J</b>
STREET ADDRESS	<b>11240 NORTHWOODS DR</b>
CITY-ST-ZIP	<b>INGLIS FL</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>GORE, DARE I</b>
STREET ADDRESS	<b>4821 PAMELA DR</b>
CITY-ST-ZIP	<b>YANKEETOWN FL</b>
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	<b>PHILLIPS, EILEEN</b>
STREET ADDRESS	<b>11565 CARIBE PT</b>
CITY-ST-ZIP	<b>INGLIS FL</b>
TITLE	DT <input type="checkbox"/> DELETE
NAME	<b>THOMPSON, THOMAS F</b>
STREET ADDRESS	<b>85 CANTERBURY RD</b>
CITY-ST-ZIP	<b>INGLIS FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>KONOLD, RUSSELL</b>
STREET ADDRESS	<b>154 MORRIS BLVD</b>
CITY-ST-ZIP	<b>INGLIS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>KENNEDY, MARY E.</b>
1.3 STREET ADDRESS	<b>#48 L48 ST.</b>
1.4 CITY-ST-ZIP	<b>YANKEETOWN, FL 34498</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>CONLEY, Robert M.</b>
2.3 STREET ADDRESS	<b>11571 CARIBBE POINT</b>
2.4 CITY-ST-ZIP	<b>INGLIS, FL 34449</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DARKER, BARBARA</b>
3.3 STREET ADDRESS	<b>9080 SW 213<sup>RD</sup> TERRACE RD.</b>
3.4 CITY-ST-ZIP	<b>DUNNELLON, FL 34431</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE *Thomas F. Thompson* **3/30/98** (252) 447-2828

CR2E037 (10/97)