

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90191 025 \*\*\*\*61.25

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DOCUMENT # 726998

1. Corporation Name

YANKEETOWN MARINE TRAINING AND RESCUE GROUP, INC

Principal Place of Business

#85 CANTERBURY RD  
PO BOX 40  
INGLIS FL 34449  
US

Mailing Address

P.O. BOX 40  
INGLIS FL 34449  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/20/1973

4. FEI Number

59-2636700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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)

2/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME KENNEDY, MARY E  
STREET ADDRESS SUITE 48 64TH ST  
CITY-ST-ZIP YANKEETOWN FL 34498

TITLE D ☒ DELETE  
NAME CONLEY, ROBERT M  
STREET ADDRESS 11571 CARIBEE PT  
CITY-ST-ZIP INGLIS FL 34449

TITLE DS ☐ DELETE  
NAME PARKER, BARBARA  
STREET ADDRESS 9080 SW 213 TERR RD  
CITY-ST-ZIP DUNNELLON FL 34431

TITLE DT ☐ DELETE  
NAME THOMPSON, THOMAS F  
STREET ADDRESS 85 CANTERBURY RD  
CITY-ST-ZIP INGLIS FL

TITLE D ☒ DELETE  
NAME KONOLD, RUSSELL  
STREET ADDRESS 154 MORRIS BLVD  
CITY-ST-ZIP INGLIS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME SHANAHAN, THOMAS G.  
2.3 STREET ADDRESS 89 JERRY ST.  
2.4 CITY-ST-ZIP INGLIS, FL 34449

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME BARKER (spelling  
3.3 STREET ADDRESS correction)  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME DUFFY, THOMAS J.  
5.3 STREET ADDRESS 11240 NORTH WOODS DR.  
5.4 CITY-ST-ZIP INGLIS, FL 34449

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

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

2/10/99 (352) 447-2328

Date

Daytime Phone #

CR2E037 (11/98)