

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734168

FILED
Apr 23, 2008
Secretary of State

Entity Name: HARBOR BRANCH OCEANOGRAPHIC INSTITUTION FOUNDATION, INC.

Current Principal Place of Business:

5600 US 1 N
FT. PIERCE, FL 34946 US

New Principal Place of Business:

Current Mailing Address:

5600 US 1 N
FT. PIERCE, FL 34946 US

New Mailing Address:

FEI Number: 59-1644333 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEWART, WILLIAM J
3355 OCEAN DRIVE
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: YOST, JR., PAUL A
Address: 2000 K STREET NW SUITE 303
City-St-Zip: WASHINGTON, DC 20006 US

Title: PD () Delete
Name: POMPONI, SHIRLEY
Address: 5710 PAPAYA DR
City-St-Zip: FORT PIERCE, FL 34982

Title: T () Delete
Name: BOLES, PATRICK
Address: 5600 U.S.1 NORTH
City-St-Zip: FORT PIERCE, FL 34946

Title: S () Delete
Name: STEWART, WILLIAM J
Address: 3355 OCEAN DRIVE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK BOLES

T

04/23/2008

Electronic Signature of Signing Officer or Director

Date