

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 28 AM 8:57

**DOCUMENT # 762583 (3)**

1. Corporation Name  
**THE OCEAN IMPACT FOUNDATION, INC.**

Principal Place of Business Mailing Address  
~~1902 S CONGRESS AVE~~ C/O PBC ANIMAL CONTROL  
7100 BELVEDERE RD. 7100 BELVEDERE RD.  
W PALM BCH FL 33411 W PALM BCH FL 33411  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/24/1982</b>	3a. Date of Last Report <b>06/21/1994</b>
4. FEI Number <b>59-2432510</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent  
**COLBURN, HARRY S., JR.  
125 WORTH AVE.  
SUITE 202  
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent	81 Name <b>COLBURN, HARRY S., JR.</b>
	82 Street Address (P.O. Box Number is Not Acceptable) <b>125 Worth Ave.</b>
	83 Suite <b>Suite 310</b>
	84 City <b>Palm Beach</b>
	85 Zip Code <b>FL 33480</b>

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 617.0502, Florida Statutes.

SIGNATURE *Harry S. Colburn, Jr.* DATE **6/22/95**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	SAUVE, RAYMOND J
STREET ADDRESS	1962 S CONGRESS AVE
CITY - ST - ZIP	W PALM BEACH FL
TITLE	PD
NAME	MERCER-SAUVE, DIANNE
STREET ADDRESS	1962 S CONGRESS AVE
CITY - ST - ZIP	W PALM BCH FL
TITLE	VPD
NAME	MARION, TRISH
STREET ADDRESS	1962 S CONGRESS AVE
CITY - ST - ZIP	W. PALM BCH. FL
TITLE	SD
NAME	FLOYD, DR. GEORGE
STREET ADDRESS	1962 S CONGRESS AVE
CITY - ST - ZIP	W PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Dianne M. Sauve* DATE **6/14/95** **407-471-3403**  
Signature and typed or printed name of signing officer or director (Typed Name)  
**Dianne M. Sauve Executive Director**

CR2ED07 (3-95)