

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996

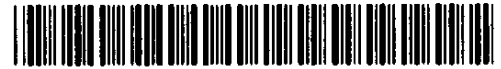


FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 767666 (1)

1. Corporation Name

MARITIME COLLEGE ALUMNI ASSOCIATION FLORIDA CENT  
ENNIAL CHAPTER, INC.



Principal Place of Business

Mailing Address

C/O STEPHEN J. KING  
1520 BRAE MOOR LANE  
DUNEDIN FL 34698  
US

C/O STEPHEN J. KING  
1520 BRAE MOOR LANE  
DUNEDIN FL 34698  
US

3. Date Incorporated or Qualified  
03/25/1983

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

4. FEI Number  
59-1281848

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOSCANO, ROCCO  
801 S. OCEAN DR.  
STE. #208  
FT. PIERCE FL 34949

81 Name ROBERT D. VALENTINE

82 Street Address (P.O. Box Number is Not Acceptable)

2211 BLUE TERN DRIVE

83

84 PALM HARBOR

FL

85 Zip Code 34683

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 Robert D. Valentine

ROBERT D. VALENTINE

May 4, 1996

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
GARVEY, DARRELL D  
STREET ADDRESS  
501 SHERBORN COURT  
CITY-ST-ZIP  
ORLANDO FL

TITLE ☐ DELETE

NAME  
KING, STEPHEN J  
STREET ADDRESS  
1520 BRAE MOOR LANE  
CITY-ST-ZIP  
DUNEDIN FL

TITLE ☐ DELETE

NAME  
GONZALES, JOHN R  
STREET ADDRESS  
2345 LAKE AVE.  
CITY-ST-ZIP  
MIAMI BEACH FL 33141

TITLE ☐ DELETE

NAME  
TOSCANO, ROCCO  
STREET ADDRESS  
801 S. OCEAN DR., #208  
CITY-ST-ZIP  
FT. PIERCE FL

TITLE ☐ DELETE

NAME  
HEYEN, GEORGE  
STREET ADDRESS  
11475 48 AVE. N.  
CITY-ST-ZIP  
MADEIRA BEACH FL

TITLE ☐ DELETE

NAME  
VALENTINE, ROBT.  
STREET ADDRESS  
2211 BLUE TERN DR  
CITY-ST-ZIP  
PALM HARBOR FL

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

Robert D. Valentine

May 4, 1996

(813) 785-2620

Date

Daytime Phone

CR2E037 (12/95)