

FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767666** (1)
 1. Corporation Name
**MARITIME COLLEGE ALUMNI ASSOCIATION FLORIDA CENT
 ENNIAL CHAPTER, INC.**

Principal Place of Business	Mailing Address
1598 LAGO VISTA BLVD. PALM HARBOR FL 34697 US	1598 LAGO VISTA BLVD. PALM HARBOR FL 34697 US

2. Principal Place of Business	2a. Mailing Address
21 501 Sherburn Court	26 501 Sherburn Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Orlando Florida	28 Orlando, Florida
Zip	Zip
24 32828	29 32828
Country	Country
25 US	30 US

3. Date Incorporated or Qualified	Applied For
03/25/1983	Not Applicable
4. FEI Number	
59-1281848	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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

VALENTINE, ROBERT D
2211 BLUE TERN DRIVE
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name **Darrell D. Garvey**
 82 Street Address (P.O. Box Number is Not Acceptable)
501 Sherburn Court
 83
 84 City **Orlando** FL 85 Zip Code **32828**

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 *[Signature]* **President/Director Darrell D. Garvey** **4/15/98**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	GARVEY, DARRELL D	
STREET ADDRESS	501 SHERBORN COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KING, STEPHEN J	
STREET ADDRESS	1598 LAGO VISTA BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34697	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALES, JOHN R	
STREET ADDRESS	2345 LAKE AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOSCANO, ROCCO	
STREET ADDRESS	801 S. OCEAN DR., #208	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEYEN, GEORGE	
STREET ADDRESS	11475 48 AVE. N.	
CITY-ST-ZIP	MADERIA BEACH FL	
TITLE	STD	<input checked="" type="checkbox"/> 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	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Frank Hanley	
5.3 STREET ADDRESS	15 Island Way #211	
5.4 CITY-ST-ZIP	Clear water, Florida 34620-2213	
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: *[Signature]* **Darrell D. Garvey** **(407) 843-4600**
 (NOTE: Registered Agent signature required when reinstating)

CP2E037 (10/97)