

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769841

**FILED**  
**Apr 20, 2004**  
**Secretary of State****Entity Name:** MARINELIFE CENTER OF JUNO BEACH, INC**Current Principal Place of Business:**14200 US HIGHWAY 1  
JUNO BCH, FL 33408 US**New Principal Place of Business:****Current Mailing Address:**14200 US HIGHWAY 1  
JUNO BCH, FL 33408 US**New Mailing Address:****FEI Number:** 59-2445926**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MILLER, MORRIS G  
1551 FORUM PLACE  
BLDG 200  
WEST PALM BEACH, FL 33401 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:** D ( ) Delete  
**Name:** WYNEKEN, JEANETTE PHD  
**Address:** 1033 CORAL DRIVE  
**City-St-Zip:** BOYNTON BEACH, FL 33426 US**Title:** D ( ) Delete  
**Name:** ALDRICH, PETER J  
**Address:** 2574 MONACO TERRACE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410 US**Title:** PD ( ) Delete  
**Name:** MILLER, MORRIS G  
**Address:** 2690 TOWLE DRIVE  
**City-St-Zip:** PALM BCH GARDENS, FL 33410 US**Title:** VD ( ) Delete  
**Name:** PERKINS, WINIFRED G  
**Address:** 12045 N. EDGEWATER DRIVE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410 US**Title:** D ( ) Delete  
**Name:** DIMARCO, NANCY,  
**Address:** 401 GULF ROAD  
**City-St-Zip:** NORTH PALM BEACH, FL 33408 US**Title:** TD ( ) Delete  
**Name:** MULLEN, JAMES F IV  
**Address:** 2904 N. MILLER DRIVE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410 US**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:****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 for the exemption stated in Section 119.07(3)(i), 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: MORRIS G. MILLER

PD

04/20/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date

EMMY S. RAYNE SD  
406-H SEA OATS DRIVE  
JUNO BEACH, FL 33408