

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 05, 2006  
Secretary of State**

DOCUMENT# N00000003950

Entity Name: SEA SCOUT SHIP BINNEY FOUNDATION, INC.

**Current Principal Place of Business:**

1120 SEAWAY DRIVE  
FORT PIERCE, FL 34949

**New Principal Place of Business:**

759 RIO VISTA DRIVE  
FORT PIERCE, FL 34982

**Current Mailing Address:**

759 RIO VISTA DRIVE  
FORT PIERCE, FL 34982

**New Mailing Address:**

FEI Number: 65-1017445      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

YATES, E. CLAYTON  
205 SOUTH SECOND STREET  
FORT PIERCE, FL 34950 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: PD      ( ) Delete  
Name: FREDRICK, GREGORY J  
Address: 759 RIO VISTA DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: TD      ( ) Delete  
Name: FREDRICK, KATHLEEN P  
Address: 759 RIO VISTA DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: VD      ( ) Delete  
Name: YATES, E. CLAYTON  
Address: 205 SOUTH SECOND STREET  
City-St-Zip: FORT PIERCE, FL 34950

Title: SD      ( ) Delete  
Name: KING, WILLIAM  
Address: 6103 CASSIA DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: D      ( ) Delete  
Name: MATTHEWS, ROBERT  
Address: 3001 JOHNSTON ROAD  
City-St-Zip: FORT PIERCE, FL 34951

Title: D      ( ) Delete  
Name: CHAMPMAN, SALLY  
Address: 8431 IMMOKOLEE ROAD  
City-St-Zip: FORT PIERCE, FL 34951

**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 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: E. CLAYTON YATES

VD

07/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date