

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003950

FILED
Apr 22, 2009
Secretary of State

Entity Name: SEA SCOUT SHIP BINNEY FOUNDATION, INC.

Current Principal Place of Business:

759 RIO VISTA DRIVE
FORT PIERCE, FL 34982

New Principal Place of Business:

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 ()

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:

YATES, E. CLAYTON
328 SOUTH SECOND STREET
FORT PIERCE, FL 34950 US

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: _____

04/22/2009

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: 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: VD (X) Change () Addition
Name: YATES, E. CLAYTON
Address: 328 SOUTH SECOND STREET
City-St-Zip: FORT PIERCE, FL 34950

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 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: KATHLEEN P. FREDRICK

TD

04/22/2009

Electronic Signature of Signing Officer or Director

Date