

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90222 012 ****61.25

DOCUMENT # N00000003950

1. Entity Name

SEA SCOUT SHIP BINNEY FOUNDATION, INC.



Principal Place of Business

**1120 SEAWAY DRIVE
FORT PIERCE FL 34949**

Mailing Address

**759 RIO VISTA DRIVE
FORT PIERCE FL 34982**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1017445**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**YATES, E. CLAYTON
205 SOUTH SECOND STREET
FORT PIERCE FL 34950**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **FREDRICK, GREGORY J**
STREET ADDRESS **759 RIO VISTA DRIVE**
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE **TD** ☐ Delete
NAME **FREDRICK, KATHLEEN P**
STREET ADDRESS **759 RIO VISTA DRIVE**
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE **VD** ☐ Delete
NAME **YATES, E. CLAYTON**
STREET ADDRESS **205 SOUTH SECOND STREET**
CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE **D** ☐ Delete
NAME **KING, WILLIAM**
STREET ADDRESS **6103 CASSIA DRIVE**
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE **SD** ☐ Delete
NAME **MATTHEWS, ROBERT**
STREET ADDRESS **3001 JOHNSTON ROAD**
CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE **D** ☐ Delete
NAME **CHAMPMAN, SALLY**
STREET ADDRESS **8431 IMMOKOLEE ROAD**
CITY-ST-ZIP **FORT PIERCE FL 34951**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathleen Fredrick*

4-29-03

CR2E037 (10/02)