

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002689

FILED
Mar 24, 2008
Secretary of State

Entity Name: FRIENDS OF THE MARINE SCIENCE CENTER, INC.

Current Principal Place of Business:

100 LIGHTHOUSE DRIVE
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

66 BAY HARBOUR DRIVE
PONCE INLET, FL 32127 US

New Mailing Address:

FEI Number: 59-3718113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECKERT, LAURA
66 BAY HARBOUR DRIVE
PONCE INLET, FL 32127 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: VP () Delete
Name: CAMERON, MARLENE
Address: 4720 S. PENINSULA DR.
City-St-Zip: PONCE INLET, FL 32127

Title: S () Delete
Name: LOGAN, KIM
Address: 3920 CARDINAL BLVD.
City-St-Zip: WILBUR-BY-THE-SEA, FL 32127

Title: P () Delete
Name: ECKERT, LAURA
Address: 66 BAY HARBOUR CT
City-St-Zip: PONCE INLET, FL 32127

Title: T () Delete
Name: GRAHAM, CHRIS
Address: 64 BAY HARBOUR DR
City-St-Zip: PONCE INLET, FL 32127

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:

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: CHRIS GRAHAM

T

03/24/2008

Electronic Signature of Signing Officer or Director

Date