2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N01000002689

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:

64 BAY HARBOUR DRIVE
PONCE INLET, FL 32127 US

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	(X) 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 04/08/2009

Electronic Signature of Signing Officer or Director — Date