


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90075 044 ****61.25

DOCUMENT # N01000007684 1. Entity Name MOTHER OCEAN FOUNDATION, INC.					
Principal Place of Business 900 CROSS LAKE DR MELBOURNE, FL 32901-8467			Mailing Address 900 CROSS LAKE DR MELBOURNE, FL 32901-8467		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WAGNER, DANIEL C 900 CROSS LAKE DR MELBOURNE, FL 32901-8647				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAGNER, DANIEL C		NAME	WAGNER, DANIEL C	
STREET ADDRESS	241 FIRST AVENUE		STREET ADDRESS	900 CROSS LAKE DR.	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMBROSE, CHRISTINE		NAME		
STREET ADDRESS	13093 HENRY BRADEL DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAGNON, DENNIS		NAME		
STREET ADDRESS	443 S VILLA AVE		STREET ADDRESS		
CITY-ST-ZIP	VILLA PARK, IL 60181		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYNIN, BILL		NAME	D. BILLY BOYKIN	
STREET ADDRESS	117 2ND AVE		STREET ADDRESS	117 2ND AVE.	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	INDIALANTIC, FL 32903- 0000	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VENABLE, JAY		NAME	D TOM CRANE	
STREET ADDRESS	132 15TH ST E BLDG 10 UNIT 101		STREET ADDRESS	# 2 TIMOR ST.	
CITY-ST-ZIP	TIERRE VERDE, FL 33715		CITY-ST-ZIP	STUART, FL 34996	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIZEMORE, CHARIDA		NAME	D SIZEMORE CHARLDA	
STREET ADDRESS	109 MICHIGAN AVE		STREET ADDRESS	50 ELEVENTH AVE. APT. 101	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	INDIALANTIC, FL 32903	
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: Daniel C. Wagner DANIEL C. WAGNER 4/5/05 321-473-4772 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small> <small>Daytime Phone #</small> </div>					