

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90146 038 \*\*\*\*70.00

**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

1st MOORE

CR2E037 (10/05)

4. FEI Number

08-0887038

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

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

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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          | D                              | <input type="checkbox"/> Delete            |
| NAME           | WAGNER, DANIEL C               |  |
| STREET ADDRESS | 900 CROSS LAKE DR              |  |
| CITY-ST-ZIP    | MELBOURNE FL 32901             |  |
| TITLE          | D                              | <input type="checkbox"/> Delete            |
| NAME           | AMBROSE, CHRISTINE             |  |
| STREET ADDRESS | 13093 HENRY BRADEL DR          |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32312           |  |
| TITLE          | D                              | <input type="checkbox"/> Delete            |
| NAME           | GAGNON, DENNIS                 |  |
| STREET ADDRESS | 443 S VILLA AVE                |  |
| CITY-ST-ZIP    | VILLA PARK IL 60181            |  |
| TITLE          | D                              | <input type="checkbox"/> Delete            |
| NAME           | BOYKIN, BILLY                  |  |
| STREET ADDRESS | 117 2ND AVE                    |  |
| CITY-ST-ZIP    | INDIALANTIC FL 32903           |  |
| TITLE          | D                              | <input type="checkbox"/> Delete            |
| NAME           | VENABLE, JAY                   |  |
| STREET ADDRESS | 132 15TH ST E BLDG 10 UNIT 101 |  |
| CITY-ST-ZIP    | TIERRE VERDE FL 33715          |  |
| TITLE          | D                              | <input checked="" type="checkbox"/> Delete |
| NAME           | SIZEMORE, CHARIDA              |  |
| STREET ADDRESS | 50 ELEVENTH AVE, APT 101       |  |
| CITY-ST-ZIP    | INDIALANTIC FL 32903           |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LAWRENCE W. BELL      |  |
| STREET ADDRESS | 20440 SAN RAFAEL CT.  |  |
| CITY-ST-ZIP    | BOCA RATON, FL. 33498 |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** 3/28/06 321-723-9312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #