



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # N01000007684 1. Entity Name MOTHER OCEAN FOUNDATION, INC.	
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Principal Place of Business 900 CROSS LAKE DR MELBOURNE, FL 32901-8467	Mailing Address 900 CROSS LAKE DR MELBOURNE, FL 32901-8467
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DO NOT WRITE IN THIS SPACE



04062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 08-0887038	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WAGNER, DANIEL C
900 CROSS LAKE DR
MELBOURNE, FL 32901-8647**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, DANIEL C 900 CROSS LAKE DR MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBROSE, CHRISTINE 13093 HENRY BRADEL DR TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGNON, DENNIS 443 S VILLA AVE VILLA PARK, IL 60181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYKIN, BILLY 117 2ND AVE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENABLE, JAY 132 15TH ST E BLDG 10 UNIT 101 TIERRE VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, LAWRENCE W 20440 SAN RAFAEL CT BOCA RATON, FL 33498

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04/18/07-80017-003 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **4/6/07** **321-723-9312**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #