

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007684

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: MOTHER OCEAN FOUNDATION, INC.

## Current Principal Place of Business:

900 CROSS LAKE DR  
MELBOURNE, FL 329018467

## New Principal Place of Business:

## Current Mailing Address:

900 CROSS LAKE DR  
MELBOURNE, FL 329018467

## New Mailing Address:

FEI Number: 08-0887038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WAGNER, DANIEL C  
900 CROSS LAKE DR  
MELBOURNE, FL 329018647 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: D ( ) Delete  
Name: WAGNER, DANIEL C  
Address: 900 CROSS LAKE DR  
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete  
Name: AMBROSE, CHRISTINE  
Address: 13093 HENRY BEADLE DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: GAGNON, DENNIS  
Address: 443 S VILLA AVE  
City-St-Zip: VILLA PARK, IL 60181

Title: D ( ) Delete  
Name: BOYKIN, BILLY  
Address: 117 2ND AVE  
City-St-Zip: INDIALANTIC, FL 32903

Title: D ( ) Delete  
Name: VENABLE, JAY  
Address: 132 15TH ST E BLDG 10 UNIT 101  
City-St-Zip: TIERRE VERDE, FL 33715

Title: D ( ) Delete  
Name: BELL, LAWRENCE W  
Address: 207 S. PALM AVE.  
City-St-Zip: INDIALANTIC, FL 329033103

## 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:

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: DANIEL C. WAGNER

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date