


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000005150</b> 1. Entity Name FLORIDA MARINE SCIENCE EDUCATORS ASSOCIATION, INC.	
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Principal Place of Business C/O KATHY RUSSELL 85121 TINYA RD YULEE, FL 32097	Mailing Address C/O KATHY RUSSELL 85121 TINYA RD YULEE, FL 32097
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03202007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0638324	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SHREWSBURY, FRANCIS L CPA 21525 TRUMPETER DR LAND O'LAKES, FL 34639-4449
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERGER, DEBBI 85121 TINYA RD YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WHARTON, JIM 85121 TINYA RD YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAKE, JEREMY 85121 TINYA RD YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VIERS, B.J. 85121 TINYA RD YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RUSSELL, KATHY 85121 TINYA RD YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000680375  
04/03/07-80075-015 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Kathy Russell* KATHY RUSSELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-07 904-753-1143  
Date Daytime Phone #