


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90021 023 ****70.00

DOCUMENT # N02000005150 1. Entity Name FLORIDA MARINE SCIENCE EDUCATORS ASSOCIATION, INC.					
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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SHREWSBURY, FRANCIS L CPA 21525 TRUMPETER DR LAND O'LAKES, FL 34639-4449				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 02-0638324	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	DP BERGER, DEBBE 85121 TINYA RD YULEE, FL 32097		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete JIM WHARTON Same address	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WHARTON, JIM 85121 TINYA RD YULEE, FL 32097		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete E. Howard Rutherford	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAKE, JEREMY 85121 TINYA RD YULEE, FL 32097		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VIERS, B.J. 85121 TINYA RD YULEE, FL 32097		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RUSSELL, KATHY 85121 TINYA RD YULEE, FL 32097		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Kathy Russell</i> KATHY RUSSELL			4-18-08 904 509-2484		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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