

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005150

FILED
Apr 02, 2009
Secretary of State

Entity Name: FLORIDA MARINE SCIENCE EDUCATORS ASSOCIATION, INC.

Current Principal Place of Business:

C/O KATHY RUSSELL
85121 TINYA RD
YULEE, FL 32097

New Principal Place of Business:

Current Mailing Address:

C/O KATHY RUSSELL
85121 TINYA RD
YULEE, FL 32097

New Mailing Address:

FEI Number: 02-0638324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHREWSBURY, FRANCIS L CPA
21525 TRUMPETER DR
LAND O'LAKES, FL 346394449 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: DP () Delete
Name: WHARTON, JIM
Address: 85121 TINYA RD
City-St-Zip: YULEE, FL 32097

Title: DV () Delete
Name: RUTHERFORD, E HOWARD
Address: 85121 TINYA RD
City-St-Zip: YULEE, FL 32097

Title: DS () Delete
Name: LAKE, JEREMY
Address: 85121 TINYA RD
City-St-Zip: YULEE, FL 32097

Title: DS () Delete
Name: VIERS, B.J.
Address: 85121 TINYA RD
City-St-Zip: YULEE, FL 32097

Title: DT () Delete
Name: RUSSELL, KATHY
Address: 85121 TINYA RD
City-St-Zip: YULEE, FL 32097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: RUTHERFORD, E HOWARD
Address: 85121 TINYA RD
City-St-Zip: YULEE, FL 32097

Title: DV (X) Change () Addition
Name: FIGG, LESLIE
Address: 85121 TINYA RD
City-St-Zip: YULEE, FL 32097

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DM (X) Change () Addition
Name: VIERS, B.J.
Address: 85121 TINYA RD
City-St-Zip: YULEE, FL 32097

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: KATHY RUSSELL

DT

04/02/2009

Electronic Signature of Signing Officer or Director

Date