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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15400** (7)

1. Corporation Name

ORGANIZATION OF ARTIFICIAL REEFS, INC.

Principal Place of Business

**2545 BLAIRSTONE PINES DR
100
TALLAHASSEE FL 32301
US**

Mailing Address

**2545 BLAIRSTONE PINES DR
100
TALLAHASSEE FL 32301
US**

3. Date Incorporated or Qualified

06/13/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2709539

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEPHENSON, FRANK
1905 E. NELSON CIRCLE
TALLAHASSEE FL 32303**

81

Name

DEAN C. KOWALCHYK

82

Street Address (P.O. Box Number is Not Acceptable)

411 N. CALHOUN ST

83

City

TALLAHASSEE

84

City

FL

85

Zip Code

32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

DEAN C. KOWALCHYK

1/25/96

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

CD

☐ DELETE

NAME

STEPHENSON, FRANK

STREET ADDRESS

1905 E. NELSON CIRCLE

CITY-ST-ZIP

TALLAHASSEE FL

TITLE

TD

☐ DELETE

NAME

QUILL, TURK

STREET ADDRESS

117 SALEM COURT

CITY-ST-ZIP

TALLAHASSEE FL

TITLE

D

☐ DELETE

NAME

DAVIS, JIM

STREET ADDRESS

7175 DYKES RD.

CITY-ST-ZIP

TALLAHASSEE FL

TITLE

D

☒ DELETE

NAME

LYONS, BUD

STREET ADDRESS

1683 CROWDER RD. BOX 28

CITY-ST-ZIP

TALLAHASSEE FL

TITLE

D

☐ DELETE

NAME

CIABOTTI, JEFF

STREET ADDRESS

201 DIXIE DR. APT A

CITY-ST-ZIP

TALLAHASSEE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

JIM DAVIS-BOARD

1/25/96

656-2114

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E037 (12/95)