

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21746**

(5)

1. Corporation Name

THE NAUTILUS FOUNDATION, INC.



Principal Place of Business
The Nautilus Foundation
%FRANCOIS BUCHER
P.O. BOX 368
LLOYD FL 32337

Mailing Address
The Nautilus Foundation
%FRANCOIS BUCHER
P.O. BOX 368
LLOYD FL 32337

3. Date Incorporated or Qualified 07/28/1987	3a. Date of Last Report 01/26/1995
4. FEI Number 59-2831678	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business The Nautilus Foundation	2a. Mailing Address Lloyd Creek Road
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Lloyd, Florida	City & State Lloyd, Florida
Zip 32337	Country Jefferson
25. Zip 32337	Country Jefferson

9. Name and Address of Current Registered Agent

WARFEL, TIMOTHY J.
215 S. MONROE STREET
FIRST FLORIDA BANK BLDG STE 701
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name N/A
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL
85. Zip Code

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 **N/A**

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	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHER, FRANCOIS	12 NAME	N/A
STREET ADDRESS	NAUTILUS DRIVE	13 STREET ADDRESS	N/A
CITY-ST-ZIP	LLOYD FL	14 CITY-ST-ZIP	N/A
TITLE	S <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIERLEIN, MARY	22 NAME	N/A
STREET ADDRESS	1208-5 CROSS CREEK WAY	23 STREET ADDRESS	N/A
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	N/A
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, MARSHA	32 NAME	N/A
STREET ADDRESS	805 LAUREL CIRCLE	33 STREET ADDRESS	N/A
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	N/A
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BMINS, BENJAMIN	42 NAME	N/A
STREET ADDRESS	2805 THOMASVILLE RD.	43 STREET ADDRESS	N/A
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	N/A
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLENDL, HANS	52 NAME	N/A
STREET ADDRESS	6556 ALAN-A-DALE TRAIL	53 STREET ADDRESS	N/A
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	N/A
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, ROY	62 NAME	N/A
STREET ADDRESS	5962 CENTERVILLE RD	63 STREET ADDRESS	N/A
CITY-ST-ZIP	TALLAHASSEE FL	64 CITY-ST-ZIP	N/A

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

Date

997-1778

Daytime Phone #

CR2E037 (12/95)