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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21746** (5)

1. Corporation Name

THE NAUTILUS FOUNDATION, INC.

Principal Place of Business

Mailing Address

THE NAUTILUS FOUNDATION
P.O. BOX 368
LLOYD FL 32337
US

POB 368 NAUTILUS DR
LLOYD FL 32337
US

3. Date Incorporated or Qualified

07/28/1987

4. FEI Number

59-2831678

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 NAUTILUS FOUNDATION

26 POB 368

Suite, Apt. #, etc.

22 LLOYD CREEK RR

Suite, Apt. #, etc.

27 LLOYD CREEK RD.

City & State

23 LLOYD FL

City & State

28 LLOYD FL

Zip

24 32337

Country

25 U.S.

Zip

29 32337

Country

30 U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

2120 Killarney Way

83

84 City

Tallahassee

FL

85 Zip Code

32308

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, 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** ☐ DELETE

NAME **BUCHER, FRANCOIS**

STREET ADDRESS **NAUTILUS DRIVE**

CITY-ST-ZIP **LLOYD FL**

TITLE **S** ☒ DELETE

NAME **EMBRY, VICKY**

STREET ADDRESS **2622 MAYFAIR RD**

CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE

NAME **DRAPER, JERRY**

STREET ADDRESS **FAB CALL ST, FLORIDA STATE UNIVERSITY**

CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE

NAME **BIVINS, BENJAMIN**

STREET ADDRESS **2805 THOMASVILLE RD.**

CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE

NAME **PLENDL, HANS**

STREET ADDRESS **6556 ALAN-A-DALE TRAIL**

CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE

NAME **KNIGHT, ROY**

STREET ADDRESS **5962 CENTERVILLE RD**

CITY-ST-ZIP **TALLAHASSEE FL**

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

D - ROBERTA ☐ Change ☒ Addition
MAIDOX, P.O.B. 5552
TALLAHASSEE FL
32314
(no street address)
N/A. NO STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Bucher 1/10/97 850 997 1779

CR2E037 (10/97)