NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N21746

1. Corporation Name

THE NAUTILUS FOUNDATION, INC.

Principal Place of Business						
THE NAUTILUS FOUNDATION						
LLOYD CREEK RD						
LLOYD FL 32337						
119						

Mailing Address P O BOX 368

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90051 049 ****61.25



LLOYD CREEK		LLOYD CREEK RD LLOYD FL 32337			
US	u,	US			
				·	
2. Principal Pl	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	
24	e e e e e e e e e e e e e e e e e e e	26 40 Collins	Center		
Suite, Apt.	#, etc.	Suite Ant # etc		4. FEI Number - Applied For	
22	,	27 P. U. BOX	1658	59-2831678 Not Applicable	
City & State Cit		City & State		5. Certificate of Status Desired 5. Serviced 5. Service	
23		28 TALLAHAS.	SEE , F	5. Certificate of Status Desired Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing \$5,00 May Be	
24	25	29 32302-1658 31	USA	Trust Fund Contribution Added to Fees	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
81 Name RODERICK NO PETREY					
WARFEL.	WARPEN TRACTION I				
•	ARNEY WAY			Sulte 3000, 701 BRICKELL AV	
TALLAHASSEE FL 32308					
24 Ch. 42					
				MIAMI FL 85 Zio Code 333131	
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 re	egistered agent, or both , in the State of on familiar with, and accept the amigatio	Florida, Such change was auth ons of, Section 617.0503, Florid	nonzed by the corpo a Statutes.	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered	
	X IN VXXIII	1 RODERICK	c NIPET	REY PRESIDENT + 1/25/99	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Agent signature r	equired when reinstating) SECRETARY DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	D Change Addition	
NAME	BUCHER, FRANCOIS		1.2 NAME	FRANCOIS BUCHER	
STREET ADDRESS	NAUTILUS DRIVE		1.3 STREET ADDRESS	2.00	
CITY-ST-ZIP	LLOYD FL		1,4 CITY-STEZEP	32337	
TITLE	D	₽ DELETE	2.1 TITLE	D, C, P, S Change Maddition	
NAME	ROBERTA MADDOX		2.2 NAME	RODERICK N. PETREY	
STREET ADDRESS	P O BOX 5552 N/A		2.3 STREET ADDRESS	STEI 3000, 701 BRICKELL AV MIAMI, FL 33171	
CITY-ST-ZIP	TALLAHASSEE FL 32314	/	2. 4 CITY-ST-ZIP	MIAMI, FL 33171	
TITLE	D	DELETE	3.1 TITLE	Change Addition	
NAME	DRAPER, JERRY		3.2 NAME	JAMES W. APTHORP.	
STREET ADDRESS	FAB CALL ST, FLORIDA STATE	JNIVERSITY	3.3 STREET ADDRESS	1008 N. DALE THABRY, STE D-111	
CiTY-ST-ZIP	TALLAHASSEE FL		3.4. CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	D	DELETE	4.1 TITLE		
NAME	BIVINS, BENJAMIN		4, 2 NAME.	JOEL EMBRY 1812 HIGHLAND DR.	
STREET ADDRESS			4.3 STREET ADDRESS	1812 HIGHLAND DR.	
CITY-ST-ZIP	TALLAHASSEE FL	/	4.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	D	DELETE	5.1 TITLE	· ☐ Change ☐ Addition	
NAME	PLENDL. HANS		5.2 NAME		
STREET ADDRESS	6556 ALAN-A-DALE TRAIL	/	5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE	D	DELETE	6.1 TITLE -	∴ Change	
NAME	KNIGHT, ROY		6.2 NAME		
STREET ADDRESS	TO 40 OF THE PART OF CO.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP]	
UIIT-SI-ZIP	TOREM MOULE IL		■ '		

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, with all other like empowered.

SIGNATURE:

OUR PROVINCE

1.25 | 99 (301) 759-772

Presiden