## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 17 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21860

(4)

S.E.A. RESCUE FOUNDATION, INC.									
Principal Place of Business Mailing Address						E CONTRACTOR TO STATE TO STATE OF THE STATE	MAN AKAN AKAN		
762 SAILFISH DR. 762 SAILFISH DR. FT. WALTON BEACH FL 32548 FT. WALTON BEACH FL 3254									
						<ol> <li>Date Incorporated or Qualified 08/03/1987</li> </ol>		of Last R 01/17/19	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26			43-1259211		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>X</b>	\$8.75		
22		[27]				<b>,</b>		equired	
City & State	€	City & State			6. Election Campaign Financing		\$5.00		
Zip	Country	Zip Country			Trust Fund Contribution		Added		
24	25	29	30			8. This corporation has liability for i	ntangible ti Yes 🗀		. 199.032,
27	9. Name and Address of Current		[30]	1		10. Name and Address of New Re			
				81	Name		<del></del>	F	
<b>SCHWEI</b>	ITZER, THEODORE G			100	Otronal Ariel	/DO Do No to to No to to	1-1	<del></del>	
	LFISH DR.		82 Street Ac			ress (P.O. Box Number is Not Acceptab	Ne)		
	TON BEACH FL 32548			83	<del></del>				
				84	City			es 7in	Codo
					•		FL	1 . 1	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									
	Signature typed or printed name of registered agen			d Agen	it signature requi	red when reinstating)	DATE		
12.			13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	<del>-</del>		1.1 1				L	] Change	Addition
NAME	SCHWEITZER, THEODORE G. P.O. BOX 9146 N/A		1.2 NAME						
STREET ADDRESS	HURLBURT FL 32544			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					1
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 7		-217		·····	Change	Addition
NAME				IAME					
STREET ADDRESS	2616 BYRON CIRCLE			2.3 STREET ADORESS					ĺ
CITY-ST-ZIP		111 111 AND W. CAAAA		2. 4 CITY-ST-ZIP					
TITLE				3.1 TITLE				Change	Addition
NAME	STEVENS, CHARLOTTE		3.2 N	3.2 NAME					
STREET ADDRESS	1559 PINEVIEW DRIVE		3.3 STREET ADDRESS		ADDRESS		•		
CITY-ST-ZIP	TALLAHASSEE FL 32301		3.4. (	3.4. CITY-ST-ZIP					
TITLE	<del></del>		4.1 T	ITLE				Change	Addition
NAME	LE, HANG T		4.21	NAME					
STREET ADDRESS	P.O. BOX 9146 N/A		4.3 S	TREET A	ADDRESS				·
CITY-ST-ZIP			ITY-ST	- ZIP			1 6:		
TITLE		DELETE	5.1 T				ι	) Change	
NAME			5.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		T DELETE		HY-ST	-ZIP		<del></del> -	Change	☐ Addition
TITLE				6.1 TITLE			L	Ti pugude	
NAME CYPET ADDRESS			62 N		npoures				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	ov certify that the information supplied	with this filing does not aug		ITY-ST		d in Section 119.07(3)(i) Florida Statute	s. I further	certify that	the
14. I do 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 trusteey 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.									