FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

(4)

FILED Jan 29 1998 8:00am Secretary of State

S.E.A. RESCUE FOUNDATION, INC.					
Principal Place of Business Mailing Addres		Mailing Address			
762 SAILFISH DR. FT. WALTON BEACH FL 32548		762 SAILFISH DR. FT. WALTON BEACH FL 32548			3. Date Incorporated or Qualified 08/03/1987 4. FEI Number Applied For
					43-1259211 Not Applicable
2. Principal F	lace of Business	2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional
21		26			Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
City & State		City & State			Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?
23	_	28			Yes X No
Zip	Country	Zip	Count	гу	8. This corporation owes or has paid the current year Intangible
24	25		10		Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent				1 Name	10. Name and Address of New Registered Agent
ACCUMENTED THEODODE O					
SCHWEITZER, THEODORE G 762 SAILFISH DR.			8	2 Street	Address (P.O. Box Number is Not Acceptable)
FT. WALTON BEACH FL 32548			8	3	
	11011 0631011 16 02040		_	4 0	in the contract of the contrac
1			8	4 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					
12.	Signature, typed or printed name of registered agent of OFFICERS AND	* *	Registered A	gent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ח	DELETE	1.1 TITLE		Change Addition
NAME	SCHWEITZER, THEODORE G.	<u> </u>	1.2 NAM		
STREET ADDRESS	P.O. BOX 9146 N/A		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	HURLBURT FL 32544		1.4 CITY		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	schweitzer, dorothy		2.2 NAM	ŧ	and william wie at 10
STREET ADDRESS	-2616-BYRON-CIRCLE		2.3 STRE	et address	216 ANGLER AVE # 15 FT WALTON BEACH, PC 32548
CITY-ST-ZIP	TALLAHASSEE FL 32308		2. 4 CITY		FT WALTON REACH, FC 72748
TIFLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	STEVENS, CHARLOTTE		3.2 NAM		
STREET ADDRESS	1559 PINEVIEW DRIVE			ET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	DELETE	3.4. CITY		Change Addition
TITLE	D Le, hang t	T DEFEIG	4.1 TITLE 4.2 NAM		Criginge Addition
STREET ADDRESS	P.O. BOX 9146 N/A			ET ADDRESS	
CITY-ST-ZIP	HURLBURT FL 32544		4.4 CITY		
TITLE	The second section of the second section of the second section	DELETE	5.1 TITLE		☐ Change ☐ Addition

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.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

■ DELETE

Addition

Change