NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21860

1. Corporation Name

S.E.A. RESCUE FOUNDATION, INC.

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90014 032 ****70.00

Principal Plac	e of Business	Mailing Address							
762 SAILFISH DR. FT. WALTON BEACH FL 32548		762 SAILFISH DR. FT. WALTON BEACH FL 32548							
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!		- ·							
Principal Place of Business 2a. Mailing Address						Date Incorporated or Qualifed	· · · · · · · · · · · · · · · · · · ·		
	lace of business	¬			08/03/1987				
21 Suite, Apt.	Suite, Apt. #, etc.	Suite Apt # etc			4. FEI Number		Ap	plied For	
22	w, 610.	27	¬			43-1259211		_ 	Applicable
City & Stat	Α	City & State					\$8.75 A	::	
23		¬ ·			5. Certifcate of Status Desired	X	Fee Re		
Zip	28	Country			6. Election Campaign Financing		\$5.00	May Ro	
24	Country Zip Cou			•		Trust Fund Contribution		Added t	
9. Name and Address of Current Registered Agent					***	10. Name and Address of New F	Registered A		
	CAMILLA MILA COMMINA A. AMILANIE		1	31	Name	,	_		
COUNTETED THEODORE C				_					
SCHWEITZER, THEODORE G			{8	82 Street Address (P.O. Box Number is Not Acceptable)					ĺ
762 SAILFISH DR.			E	33					
FI. WALT	ON BEACH FL 32548		`			·			
			1		City		FL	85 Zip C	
-11Pursuant 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: Reg					signature required v	when reinstating)	DATE		
12.	0111021107110 01110110			13.		ADDITIONS/CHANGES TO OF	FICERS ANI		
TITLE	D	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	SCHWEITZER, THEODORE G. 12			Œ					ŀ
STREET ADDRESS	R.O. BOX 9146 N/A			1.3 STREET ADDRESS		762 SAILFISH V	R (D(-	//V	ĺ
CITY-ST-ZIP	HURLBURT FL 32544			ST-	ZIP	762 SAICFISH P. FT WALTON BEACH, F	レフタフィ	8	
TITLE	D	☐ DELETE	2.1 TITLE			•		Change	Addition
NAME	schweitzer, dorothy		2.2 NAME					•	į
STREET ADDRESS	216 ANGLER AVE, #15	LER AVE, #15 233			ADDRESS				
CITY-ST-ZIP	FT WALTON BEACH FL 32548			Y-\$T-	-ZIP				
TITLE				3.1 TITLE				☐ Change	Addition
NAME	STEVENS, CHARLOTTE 32			E					ļ
STREET ADDRESS				EET A	ADDRESS				
CITY-ST-ZIP	TALL ALLO COTT TO ACCOUNT			y-ST-	1				
TITLE	D DELETE 4.1							☐ Change	☐ Addition
NAME	LE, HANG T		4. 2 NAN	Æ					İ
STREET ADDRESS	P.O. BOX 9146 N/A				ADDRESS				.
CITY-ST-ZIP	HURLBURT FL 32544		4.4 CITY		ſ				ŀ
TITLE		☐ DELETE	5.1 TITU					☐ Change	Addition
NAME		_	5.2 NAM						ļ
STREET ADDRESS	·		5.3 STRE	EET A	ADDRESS				
CITY-ST-ZIP	•		5.4 CITY	-ST-	ZIP				İ
TITLE	DELETE 6.1							Change	Addition
			6.2 NAM	E					
NAME			l		ADDRESS				}
STREET ADDRESS			\$.5 \$1KI	,					

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:

JSJUN ASUBLISHED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

26 JAN 99

850 243-8488

Daytime Phone #

00E027 (44/08)