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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25437** (7)

1. Corporation Name

GULF MARINE EDUCATION FOUNDATION, INC.



Principal Place of Business 1 WILDCAT DRIVE US 19 N P O BOX 1180 GLEN SR. MARY FL 32040 US		Mailing Address 1 WILDCAT DR US 19 N P O BOX 1180 GLEN ST MARY FL 32040 US		3. Date Incorporated or Qualified 03/16/1988	
2. Principal Place of Business 21 1 WILDCAT DRIVE Suite, Apt. #, etc.		2a. Mailing Address 26 1 WILDCAT DRIVE Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE Applied For <input checked="" type="checkbox"/> Not Applicable	
23 GLEN ST. MARY, FL City & State		27 GLEN ST. MARY, FL City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 32040 Zip		28 32040 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 US Country		29 US Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent MCCASKILL, MICHAEL 1 WILDCAT DR BAKER COUNTY HIGH SCHOOL GLEN ST MARY FL 32040		10. Name and Address of New Registered Agent		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83	
84 City		85 Zip Code		86	

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	DD	1.1 TITLE	DD
NAME	MCCASKILL, MICHAEL	1.2 NAME	MCCASKILL, MICHAEL
STREET ADDRESS	P.O. BOX 507 N/A	1.3 STREET ADDRESS	108 BRIARWOOD CIRCLE
CITY-ST-ZIP	CROSS CITY FL	1.4 CITY-ST-ZIP	GLEN ST. MARY FL 32040
TITLE	D	2.1 TITLE	
NAME	WHITMAN, DICK	2.2 NAME	
STREET ADDRESS	P.O. BOX 836 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	HASTINGS, BOB	3.2 NAME	
STREET ADDRESS	P.O. BOX 1426 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	UNDERHILL, LARRY	4.2 NAME	
STREET ADDRESS	P.O. BOX 1036 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BOND, TED	5.2 NAME	
STREET ADDRESS	5875 WEST BROMLEY CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **Michael McCaskill** 4.10.98 (904) 259-6995

CR2E037 (10/97)