

FILE NOW: FILING FEE IS \$61.25

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

05-01-1999 90041 029 ****61.25

0025301

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26458

1. Corporation Name

FLORIDA KEYS MARINE SANCTUARY, INC.

Principal Place of Business

**111 SAGUARO LANE
MARATHON FL 33050**

Mailing Address

**111 SAGUARO LANE
MARATHON FL 33050**

4 6 5 4 1 6
465416 - 90041 - 29



2. Principal Place of Business

21 Looe Key Dire Center

2a. Mailing Address

26 PO Box 509

Suite, Apt. #, etc.

22 27340 Overseas Hwy

Suite, Apt. #, etc.

27 Summerland Key, FL

City & State

23 Ramrod Key FL

City & State

28 Summerland Key, FL

Zip

24 33042

Country

25 US

Zip

29 33042

Country

30 US

3. Date Incorporated or Qualified

05/16/1988

4. FEI Number

65-0165734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**TEALL, RUSSELL
111 SAGUARO LANE
MARATHON FL 33050**

10. Name and Address of New Registered Agent

81 Name Joseph P. Glenn

**82 Street Address (P.O. Box Number is Not Acceptable)
27340 Overseas Hwy**

83

84 City Ramrod Key

FL

**85 Zip Code
33042**

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

Joseph P. Glenn **Joseph P. Glenn**

4/26/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE
NAME **TEALL, RUSSELL T., III**
STREET ADDRESS **111 SAGUARO LN**
CITY-ST-ZIP **MARATHON FL**

TITLE **DST** ☒ DELETE
NAME **TEALL, CHRISTY E.**
STREET ADDRESS **111 SAGUARO LN**
CITY-ST-ZIP **MARATHON FL**

TITLE **DV** ☒ DELETE
NAME **FITZPATRICK, DENNIS**
STREET ADDRESS **36 SOUTH BOUNTY LANE**
CITY-ST-ZIP **KEY LARGO FL**

TITLE **D** ☒ DELETE
NAME **FUSARO, CRAIG**
STREET ADDRESS **435 EL SUENO**
CITY-ST-ZIP **SANTA BARBARA CA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President, Director** ☒ Change ☐ Addition
1.2 NAME **Joseph P. Glenn**
1.3 STREET ADDRESS **27340 Overseas Hwy**
1.4 CITY-ST-ZIP **Ramrod Key, FL 33042**

2.1 TITLE **Secretary/Treasurer, Director.** ☒ Change ☐ Addition
2.2 NAME **Wendy Glenn**
2.3 STREET ADDRESS **PO Box 420428**
2.4 CITY-ST-ZIP **Summerland Key, FL 33042**

3.1 TITLE **Vice President, Director** ☒ Change ☐ Addition
3.2 NAME **Amy Slate**
3.3 STREET ADDRESS **104250 Overseas Hwy**
3.4 CITY-ST-ZIP **Key Largo, FL 33037**

4.1 TITLE **Director** ☒ Change ☐ Addition
4.2 NAME **Patricia M. Knuth**
4.3 STREET ADDRESS **PO Box 1014**
4.4 CITY-ST-ZIP **Summerland Key, FL 33042**

5.1 TITLE **Director** ☒ Change ☐ Addition
5.2 NAME **Leo Riley**
5.3 STREET ADDRESS **PO Box 420278**
5.4 CITY-ST-ZIP **Summerland Key, FL 33042**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Joseph P. Glenn **SIGNATURE REQUIRED Joseph P. Glenn**

4/26/99

305-872-2215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)