

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
Jan 22, 2004 10:08:00 AM  
Secretary of State  
#23

<b>DOCUMENT # N26458</b> 1. Entity Name <b>FLORIDA KEYS MARINE SANCTUARY, INC.</b>					
Principal Place of Business <b>LOOE KEY DIVE CENTER 27340 OVERSEAS HWY RAMROD KEY, FL 33042 US</b>				Mailing Address <b>P.O. BOX 664 SUMMERLAND KEY, FL 33042 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-0165734</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GLENN, JOSEPH P 628 FLEMINE ST KEY WEST, FL 33040</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, location, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLENN, JOSEPH P		NAME	<div style="border: 1px solid black; padding: 5px; text-align: center;">             U000000010096              01/22/04-80018-002 70.00           </div>	
STREET ADDRESS	27340 OVERSEAS HWY		STREET ADDRESS		
CITY- ST- ZIP	RAMROD KEY, FL 33042		CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, CLANA		NAME		
STREET ADDRESS	628 FLEMINE ST		STREET ADDRESS		
CITY- ST- ZIP	KEY WEST, FL 33040		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RILEY, LEO		NAME		
STREET ADDRESS	P.O. BOX 420278		STREET ADDRESS		
CITY- ST- ZIP	SUMMERLAND KEY, FL 33042		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSON, JAN		NAME		
STREET ADDRESS	2601 S ROOSUECES BLVD UNIT 3C		STREET ADDRESS		
CITY- ST- ZIP	KEY WEST, FL 33040		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-19-04 <small>Date Daytime Phone #</small>		