FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:54

DOCUMENT # **N26523** **(3)**

1. Corporation Name
OCEAN WATCH FOUNDATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 462 FT. LAUDERDALE FL 33302	P.O. BOX 462 FT. LAUDERDALE FL 33302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1988
3a. Date of Last Report: 06/21/1994
4. FEI Number: 65-0071849 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROOKS MARY T 1701 NE 18 AVE FT. LAUDERDALE FL 33305	81 Name: Melody Rowden 82 Street Address (P.O. Box Number is Not Acceptable): 4173 SW 87 terr 83 84 City: DAVIE FL 85 Zip Code: 33328

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ 4/11/95
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	T	1.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	BROOKS, MARY	1.2 NAME	Mary Brooks	
STREET ADDRESS	1701 NE 18TH AVE.	1.3 STREET ADDRESS	2424 NE 9 St.	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FL Lauderdale FL 33304	
TITLE	D	2.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	MEEKS, DEBORAH J.	2.2 NAME	Melody Rowden	
STREET ADDRESS	4179 SW 87 TR	2.3 STREET ADDRESS	4173 SW 87 terr	
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	Davie, FL 33328	
TITLE	D	3.1 TITLE	D.	☐ Change ☒ Addition
NAME	GOODMAN, DAVID	3.2 NAME	Linda Woodhouse	
STREET ADDRESS	1600 SW 5TH AVE	3.3 STREET ADDRESS	2507 W. Ocean Blvd.	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	P	4.1 TITLE	D.	☐ Change ☒ Addition
NAME	DEMARTINI, WALT	4.2 NAME	Penny Bull	
STREET ADDRESS	2260 SW 67 TERRACE	4.3 STREET ADDRESS	6599 SW 25 Street	
CITY-ST-ZIP	MIRAMAR FL	4.4 CITY-ST-ZIP	Sunrise FL 33313	
TITLE	S	5.1 TITLE	D.	☐ Change ☒ Addition
NAME	PETERSEN, MAURA	5.2 NAME	Larry Kahs	
STREET ADDRESS	8021 NW 41 SOURT	5.3 STREET ADDRESS	15 SW 15 Street	
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	Ft Lauderdale FL 33315	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	Claudine Sumanic	
STREET ADDRESS		6.3 STREET ADDRESS	205 SE 11 Terr. #407	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Davie, FL 33004	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4/11/95 305-252-6374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048300