

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N26523 (3)

1. Corporation Name

OCEAN WATCH FOUNDATION, INC.



Principal Place of Business

P.O. BOX 462
FT. LAUDERDALE FL 33302

Mailing Address

P.O. BOX 462
FT. LAUDERDALE FL 33302

3. Date Incorporated or Qualified
05/20/1988

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROWDON, MELODY
4173 SW 87 TERR
DAVIE FL 33328

81 Name

Melody Rowdon

82 Street Address (P.O. Box Number is Not Acceptable)

17932 SW 29 Lane

83

84 City

MIRAMAR

FL

85 Zip Code
33029

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME BROOKS, MARY
STREET ADDRESS 2424 NE 4TH ST
CITY-ST-ZIP FT. LAUDERDALE FL ☒ DELETE

TITLE D
NAME MEEKS, DEBORAH J.
STREET ADDRESS 4179 SW 87 TR
CITY-ST-ZIP DAVIE FL ☐ DELETE

TITLE D
NAME GOODMAN, DAVID
STREET ADDRESS 1600 SW 5TH AVE
CITY-ST-ZIP POMPANO BEACH FL ☒ DELETE

TITLE P
NAME DEMARTINI, WALT
STREET ADDRESS 2260 SW 67 TERRACE
CITY-ST-ZIP MIRAMAR FL ☒ DELETE

TITLE S
NAME PETERSEN, MAURA
STREET ADDRESS 8021 NW 41 SOUT
CITY-ST-ZIP SUNRISE FL ☒ DELETE

TITLE T
NAME ROWDON, MELODY
STREET ADDRESS 4173 SW 87 TERR
CITY-ST-ZIP DAVIE FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☒ Addition
1.2 NAME Rudy Aleff
1.3 STREET ADDRESS 3064 NE 49 St.
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308

2.1 TITLE Secretary ☒ Change ☒ Addition
2.2 NAME Linda Woodhouse
2.3 STREET ADDRESS 1950 SE 19 St.
2.4 CITY-ST-ZIP Pompano Bch, FL 33062

3.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME Tony Jenkins
3.3 STREET ADDRESS 3204 Barton RD
3.4 CITY-ST-ZIP Pompano Bch, FL 33062

4.1 TITLE D. ☐ Change ☒ Addition
4.2 NAME Larry Kohn
4.3 STREET ADDRESS 15 SW 15 St.
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33315

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE T ☒ Change ☐ Addition
6.2 NAME Melody Rowdon
6.3 STREET ADDRESS 17932 SW 29 Lane
6.4 CITY-ST-ZIP MIRAMAR, FL 33029

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/96

305-252-6377

Date:

Daytime Phone #

CR2E037 (12/95)