

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90114 002 ****61.25

DOCUMENT # N28186

1. Entity Name
AMELIA ISLAND SEA TURTLE WATCH, INC.



Principal Place of Business
**P O BOX 566
FERNANDINA BEACH, FL 32034-7566**

Mailing Address
**P O BOX 566
FERNANDINA BEACH, FL 32034-7566**

60003049



01082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2922080

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUFFY, MARY P.
2028 ALACHUA STREET
FERNANDINA BEACH, FL 32034**

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **NORMAN, PAUL**
STREET ADDRESS **PO BOX 6095**
CITY-ST-ZIP **FERNANDINA BEACH, FL**

TITLE **DP** ☐ Delete
NAME **DUFFY, MARY P.**
STREET ADDRESS **2028 ALACHUA ST.**
CITY-ST-ZIP **FERNANDINA BEACH, FL**

TITLE **DS** ☒ Delete
NAME **ARSENEAU, MICHELLE**
STREET ADDRESS **23 SOUTH 15TH ST.**
CITY-ST-ZIP **FERNANDINA BEACH, FL**

TITLE **DT** ☐ Delete
NAME **LANIER, VICKI**
STREET ADDRESS **4670 CARLTON DUNES DRIVE**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **DVP** ☐ Delete
NAME **RAINES, MARY**
STREET ADDRESS **5266 VILLAGE WAY**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DS**
STREET ADDRESS **HICKMAN, NANCY**
CITY-ST-ZIP **2825 ROBERT OLIVER AVE**
FERNANDINA BEACH, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *Mary P. Duffy* **MARY P DUFFY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/07 **904-261-2697**
Date Daytime Phone #