

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 08:00 A**  
**Secretary of State**

**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



01172008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2922080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	NORMAN, PAUL
STREET ADDRESS	PO BOX 6095
CITY-ST-ZIP	FERNANDINA BEACH, FL
TITLE	DP
NAME	DUFFY, MARY P.
STREET ADDRESS	2028 ALACHUA ST.
CITY-ST-ZIP	FERNANDINA BEACH, FL
TITLE	DS
NAME	HICKMAN, NANCY
STREET ADDRESS	2825 ROBERT OLIVER AVE
CITY-ST-ZIP	FERNANDINA BEACH, FL
TITLE	DT
NAME	LANIER, VICKI
STREET ADDRESS	4670 CARLTON DUNES DRIVE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	DVP
NAME	RAINES, MARY
STREET ADDRESS	5266 VILLAGE WAY
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000826754  
02/21/08-80062-008 61.25

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #