

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28186

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** AMELIA ISLAND SEA TURTLE WATCH, INC.

**Current Principal Place of Business:**

P O BOX 566  
FERNANDINA BEACH, FL 320347566

**New Principal Place of Business:**

2028 ALACHUA STREET  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

P O BOX 566  
FERNANDINA BEACH, FL 320347566

**New Mailing Address:**

**FEI Number:** 59-2922080      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: NORMAN, PAUL  
Address: PO BOX 6095  
City-St-Zip: FERNANDINA BEACH, FL

Title: DP      ( ) Delete  
Name: DUFFY, MARY P.  
Address: 2028 ALACHUA ST.  
City-St-Zip: FERNANDINA BEACH, FL

Title: DS      ( ) Delete  
Name: HICKMAN, NANCY  
Address: 2825 ROBERT OLIVER AVE  
City-St-Zip: FERNANDINA BEACH, FL

Title: DT      ( ) Delete  
Name: LANIER, VICKI  
Address: 4670 CARLTON DUNES DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DVP      ( ) Delete  
Name: RAINES, MARY  
Address: 5266 VILLAGE WAY  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: NORMAN, PAUL  
Address: 6 ZACHARY COURT  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DP      (X) Change ( ) Addition  
Name: DUFFY, MARY P.  
Address: 2028 ALACHUA ST.  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DS      (X) Change ( ) Addition  
Name: HICKMAN, NANCY  
Address: 2825 ROBERT OLIVER AVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY DUFFY

PRES

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date