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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:12

DOCUMENT # N30224 (2)

1. Corporation Name
FLORIDA MARINE SCIENCE EDUCATION ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
11706 MOFFAT AVENUE TAMPA FL 33617 US	C/O JACKIE FLETCHER 11706 MOFFAT AVENUE TAMPA FL 33617 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1989
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-3129045 ☐ 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 (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

FLETCHER, JACKIE L.
11706 MOFFAT AVENUE
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PE	1.1 TITLE	PE	☑ Change ☐ Addition
NAME	SURBER, DAN	1.2 NAME	DeCrosta, Mark	
STREET ADDRESS	1512 S BERTHA AVE	1.3 STREET ADDRESS	5 Loma Linda	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	Lakeland, FL	
TITLE	PD	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	LEONARD, CAROL	2.2 NAME	Surber, Dan	
STREET ADDRESS	12686 BACCHUS ROAD	2.3 STREET ADDRESS	1512 S. Bertha Ave	
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	Panama City, FL	
TITLE	SD	3.1 TITLE	SD	☐ Change ☑ Addition
NAME	KNIGHT, JEAN	3.2 NAME	Lavarello, Diane	
STREET ADDRESS	1130 FOXWOOD	3.3 STREET ADDRESS	2714 SW 5th Street	
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	Boynton Beach, FL	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	FLETCHER, JACKIE L.	4.2 NAME		
STREET ADDRESS	11706 MOFFAT AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	CD	5.1 TITLE	CD	☐ Change ☑ Addition
NAME	DECROSTA, MARK	5.2 NAME	Carstenn, Susan	
STREET ADDRESS	5 LOMA LINDA	5.3 STREET ADDRESS	4941 NE 6th Street	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Ocala, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Jackie L Fletcher Jackie L. Fletcher 1/28/95 (813) 985-5393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

0084478