

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 # N30224

(2)

1. Corporation Name

FLORIDA MARINE SCIENCE EDUCATION ASSOCIATION, INC.
C.



Principal Place of Business

11706 MOFFAT AVENUE
TAMPA FL 33617
US

Mailing Address

C/O JACKIE FLETCHER
11706 MOFFAT AVENUE
TAMPA FL 33617
US

3. Date Incorporated or Qualified
01/18/1989

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

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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

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLETCHER, JACKIE L.
11706 MOFFAT AVENUE
TAMPA FL 33617

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 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: Jackie L. Fletcher Jackie L. Fletcher, Treasurer 1/27/96
Standard: typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when renewing.) Date

12. OFFICERS AND DIRECTORS

TITLE	PE	<input checked="" type="checkbox"/> DELETE
NAME	DECROSTA, MARK	
STREET ADDRESS	5 LOMA LINDA	
CITY-ST-ZIP	LAKELAND FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SURBER DON	
STREET ADDRESS	1512 S. BERTHA AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAVARELLO, DIANE	
STREET ADDRESS	2714 SW 5TH STREET	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FLETCHER, JACKIE L.	
STREET ADDRESS	11706 MOFFAT AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CARSTENN, SUSAN	
STREET ADDRESS	4941 NE 6TH STREET	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mathewson, Duncan	
1.3 STREET ADDRESS	100 Palm Lane	
1.4 CITY-ST-ZIP	Islamorada, FL 33036	
2.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DeCrosa, Mark	
2.3 STREET ADDRESS	8420 Orient Way NE	
2.4 CITY-ST-ZIP	St Petersburg, FL 33702	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: Jackie L. Fletcher Jackie L. Fletcher 1/27/96 (813) 872-5241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone No.

CR2E037 (12/95)