


FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>N30224</i>			
1. Corporation Name <i>Florida Marine Science Education Association</i>			
Principal Place of Business <i>11706 Moffat Ave</i> <i>Tampa, FL 33617-1726</i>		Mailing Address	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified <i>4/17/89</i>		3a. Date of Last Report <i>1/27/96</i>	
4. FEI Number <i>59-3129045</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <i>Jackie Fletcher FMSEA Treasurer</i> <i>11706 Moffat Avenue</i> <i>Tampa, FL 33617-1726</i>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 <i>600002182716</i> 84 City <i>-05/19/97--01060-0046</i> Zip Code <i>FL</i>	
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 <i>Jackie L Fletcher</i> DATE <i>4/22/97</i> <small>Signature and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE <i>D</i> <i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <i>Kathy Russell</i> 1.3 STREET ADDRESS <i>1903 Tinya Rd</i> 1.4 CITY-ST-ZIP <i>Yulee, FL 32097</i>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <i>D</i> <i>President Elect</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <i>Jean Knight</i> 2.3 STREET ADDRESS <i>5423 Quist</i> 2.4 CITY-ST-ZIP <i>Port Richey, FL 34668</i>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <i>D</i> <i>Past President</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <i>Jackie Fletcher</i> 3.3 STREET ADDRESS <i>11706 Moffat Ave</i> 3.4 CITY-ST-ZIP <i>Tampa, FL 33617-1726</i>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <i>D</i> <i>Secretary</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <i>Diane Lavarello</i> 4.3 STREET ADDRESS <i>2714 SW 5 Street</i> 4.4 CITY-ST-ZIP <i>Boynton Beach, FL 33435</i>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <i>D</i> <i>Chapter Rep</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME <i>Karen Hamilton</i> 5.3 STREET ADDRESS <i>616 Archibald Avenue</i> 5.4 CITY-ST-ZIP <i>Altamonte Springs, FL</i>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <i>D</i> <i>Chapter Rep</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME <i>Don Stone</i> 6.3 STREET ADDRESS <i>1440 SW 5th Avenue</i> 6.4 CITY-ST-ZIP <i>Boca Raton, FL 33432</i>	
14. I do hereby certify that the information supplied with this filing 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: <i>Jackie L Fletcher</i> DATE <i>4/22/97</i> Daytime Phone <i>(813) 985-5393</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E037 (9/96)