1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N30224**

1. Corporation Name

## FLORIDA MARINE SCIENCE EDUCATION ASSOCIATION, IN

Principal Place of Busine
11706 MOFFAT AVENUE
TAMPA FL 33617-1726
116

2. Principal Place of Business

Mailing Address

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

2a. Mailing Address

## FILED May 11, 1999 8:00 am § Secretary of State

05-11-1999 90027 024 \*\*\*\*61.25

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3. Date Incorporated or Qualifed

21 2714	1 S.W. 5 Street	26 C/O Diane L	avarello	01/18/1989			
Suite, Apt.		Suite, Apt. #, etc.	<del>nvarerio</del>	4. FEI Number	App	lied For	
22		27 2714 S.W.	5 Street	59-3129045	Not	Applicable	
City & State	0	City & State	ن سد	5. Certificate of Status Desired	\$8.75 A	dditional	
23 Boyn	ton Beach, FL	28 Bounton B	each, FL	5. Certificate of Status Desireo	Fee Red	quired	
Zip <sup>1</sup>	Country	Zip	Country	6. Election Campaign Financing	\$5.00	May Be	
24 3343	5 25 USA	29 33435 30	USA_	Trust Fund Contribution	Added to	Fees	
	<ol><li>Name and Address of Current I</li></ol>	Registered Agent		10. Name and Address of New Registered	Agent		
			81 Name	Lavarello, Diane			
FLETCHER	R, JACKIE L.		82 Street	Address (P.O. Box Number is Not Acceptable)			
	FFAT AVENUE		2714 S.W. 5 Street				
TAMPA FL 33617							
ar Zin Code							
				Boynton Beach FL			
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.							
4-29-49							
SIGNATURE	Signature, typed or printed name of registered agent a		gistered Agent signature n	equired when reinstating) DATE		- <del></del>	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D	<b>■</b> DELETE	1.1 TITLE	D Established	Change	Addition	
NAME	RUSSELL, KATHY		1.2 NAME	Mandy Fillenwarth			
STREET ADDRESS	1903 TINYA RD		1.3 STREET ADDRESS	1455 Londra Lane			
CITY-ST-ZIP	YULEE FL 32097		1.4 CITY-ST-ZIP	Kissimmee, FL 34744			
TITLE :	D	☐ DELETE	2.1 TITLE		Change	Addition (	
NAME	KNIGHT, JEAN		2.2 NAME				
STREET ADDRESS	5423 QUIST		2.3 STREET ADDRESS				
CITY-ST-ZIP	PORT RICHEY FL 34668		2.4 CITY-ST-ZIP				
TITLE	D	<b>□</b> 2/DELETE	3.1 TITLE	D	Change	☑ Addition	
NAME	FLETCHER, JACKIE		3.2 NAME	Marielise Arana			
STREET ADDRESS	11706 MOFFAT AVENUE		3.3 STREET ADDRESS	2514 Hollywood Diva.		į	
CITY-ST-ZIP	TAMPA FL 33617-1726		3.4. CITY-ST-ZIP	2514 Hollywood Bird. Hollywood, FL 33020			
TITLE	D	☐ DELETE	4.1 TITLE	'	Change	Addition	
NAME	LAVARELLO, DIANE		4. 2 NAME				
STREET ADDRESS	2714 SW 5 STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 33435		4.4 CFTY-ST-ZIP				
TITLE	D	☐ DELETE	5.1 TITLE		Change	☐ Addition	
NAME	HAMILTON, KAREN		5.2 NAME				
STREET ADDRESS	616 ARCHIBALD AVENUE		5.3 STREET ADDRESS	·			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		5.4 CITY-ST-ZIP	•			
TITLE	D	☐ DELETE	6.1 TITLE		Change	Addition	
NAME	STONE, DON		6.2 NAME			ļ	
STREET ADDRESS	1440 SW 5TH AVENUE		6.3 STREET ADDRESS				
	DOCA DATON EL 00400		64 CITY_ST_ZIP				

CITY-ST-ZIP

80CA RATON FL 33432

14. I 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, with all other like empowered.

**SIGNATURE:**