

**DOCUMENT # N30224**

1. Entity Name

**FLORIDA MARINE SCIENCE EDUCATION ASSOCIATION, IN**

Principal Place of Business

2714 SW 5 ST.  
BOYNTON BCH FL 33435  
US

Mailing Address

C/O DIANE LAVARELLO  
2714 SW 5 ST.  
BOYNTON BCH FL 33435-7508  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3129045**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAVARELLO, DIANE  
2714 SW 5 ST  
BOYNTON BCH FL 33435

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **FILLENWORTH, MANDY**  
CITY-ST-ZIP **1455 LONDRA LN  
KISSIMMEE FL 34744**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **KNIGHT, JEAN**  
CITY-ST-ZIP **5423 QUIST  
PORT RICHEY FL 34668**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ARANA, MARRELISE**  
CITY-ST-ZIP **2514 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **LAVARELLO, DIANE**  
CITY-ST-ZIP **2714 SW 5 STREET  
BOYNTON BEACH FL 33435**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HAMILTON, KAREN**  
CITY-ST-ZIP **616 ARCHIBALD AVENUE  
ALTAMONTE SPRINGS FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **STONE, DON**  
CITY-ST-ZIP **1440 SW 5TH AVENUE  
BOCA RATON FL 33432**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Diane M. Lavarello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4.25.00  
Date(561) 736-0172  
Daytime Phone #**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90011 014 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE