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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90027 039 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N33341

1. Corporation Name

SEA-QUESTER FOUNDATION, INC.

143201 - 90027 - 39

Principal Place of Business

**WIND TREE RANCH
RR2 BOX 1
DOUGLAS AZ 85607-9802**

Mailing Address

**WIND TREE RANCH
RR2 BOX 1
DOUGLAS AZ 85607-9802**



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 07/21/1989 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-2960153 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Country | | 29 | |
| 24 | | 30 | | 30 | |

9. Name and Address of Current Registered Agent

CAROL ZAPPALA, CLARK
186 VIN ROSE CIRCLE S.E.
PALM BAY FL 32909

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|-------------------------|
| TITLE | PD | 1.1 TITLE | ZAPPALA, CAROL |
| NAME | MACKENZIE, DONALD J | 1.2 NAME | 186 VIN ROSE CIRCLE SE. |
| STREET ADDRESS | WINDTREE RANCH, RR2 BOX 1 | 1.3 STREET ADDRESS | Palm Bay FL 32909 |
| CITY-ST-ZIP | CHANDLER AZ 85607-9802 | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | |
| NAME | ZALESKI, JACQUE REV | 2.2 NAME | |
| STREET ADDRESS | WIND TREE RANCH, RR2 BOX 1 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHANDLER AZ 85607-9802 | 2.4 CITY-ST-ZIP | |
| TITLE | DS | 3.1 TITLE | |
| NAME | MACKENZIE, LOUISE | 3.2 NAME | |
| STREET ADDRESS | 2439 CARVILLE DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | RENO NV 89512 | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | |
| NAME | PULGRAM-ARTHEN, LUCIA D | 4.2 NAME | |
| STREET ADDRESS | 14 PLEASANT ST-P.O. BOX 628 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WORTHINGTON MA 01098 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | |
| NAME | MENK, DAVID | 5.2 NAME | |
| STREET ADDRESS | 424 W. MCNAIR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHANDLER AZ 85224 | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | |
| NAME | MARCANO, TONY PHD | 6.2 NAME | |
| STREET ADDRESS | 5300 N.E. 24TH TERRACE #224 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33308 | 6.4 CITY-ST-ZIP | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-99 520-3644611

CR2E037 (1/98)