FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAY -1 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36889 (6)

1. Corporation Name

FLORIDA MARINE MAMMAL STRANDING NETWORK - SOUTHWEST REGION, INC.

Principal Place of Business	Mailing Address
C/O SUZANNE D. LANIER 5801 PELICAN BAY BLVD., S-405 NAPLES FL 33963-2740	2640 GOLDEN GATE PARKWAY 206 NAPLES FL 33942 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1990
3a. Date of Last Report: 08/15/1994
4. FEI Number: 65-0198180 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / 24 — County / 25	Zip / 29 — County / 30

9. Name and Address of Current Registered Agent

LANIER, SUZANNE D.
5801 PELICAN BAY BLVD.
S-405
NAPLES FL 33963-2740

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	President/D	☒ Change ☐ Addition
NAME	STAWSKI, PAMELA	12 NAME	Steve Bertone	
STREET ADDRESS	1550 40TH TERRACE S.W.	13 STREET ADDRESS	10 Shell Is. Rd	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	Naples Fl. 33962	
TITLE	D	21 TITLE	Vice President/D	☒ Change ☐ Addition
NAME	MYERS, GARY	22 NAME	Dr. Gary Myers	
STREET ADDRESS	2123 HANSON STREET	23 STREET ADDRESS	941-D Tamiami Tr.	
CITY-ST-ZIP	PORT CHARLOTTE FL	24 CITY-ST-ZIP	Port Charlotte, Fl. 33953	
TITLE	D	31 TITLE	Treasurer/D	☒ Change ☐ Addition
NAME	NOBLE, JEFF	32 NAME	Steve Boutelle	
STREET ADDRESS	5380 N TRAIL BLVD	33 STREET ADDRESS	2012 Altamonte Ave	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	Ft. Myers, Fl. 33901	
TITLE	PD	41 TITLE	Secretary/D	☒ Change ☐ Addition
NAME	WASNO, ROBERT	42 NAME	Bob Wasno	
STREET ADDRESS	2012 ALTAMONTE AVENUE	43 STREET ADDRESS	2012 Altamonte Ave	
CITY-ST-ZIP	FORT MYERS FL	44 CITY-ST-ZIP	Ft Myers, Fl 33901	
TITLE	TD	51 TITLE	D	☐ Change ☐ Addition
NAME	BOUTELLE, STEPHEN	52 NAME	Pam Stawski	
STREET ADDRESS	2012 ALTAMONTE AVENUE	53 STREET ADDRESS	830 Deep Lagoon Dr.	
CITY-ST-ZIP	FT MYERS FL	54 CITY-ST-ZIP	Ft. Myers, Fl. 33919	
TITLE	SD	61 TITLE	D	☐ Change ☐ Addition
NAME	HOLT, ANITA	62 NAME	Dr. Jeff Noble	
STREET ADDRESS	1825 TAMIAMI TRAIL #A-2	63 STREET ADDRESS	1911 Manchester Circle	
CITY-ST-ZIP	PORT CHARLOTTE FL	64 CITY-ST-ZIP	Naples Fl. 33942	

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)(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: Bob Wasno 4/19/95 813-335-2373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017079