

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N36889 (6)

1. Corporation Name

**FLORIDA MARINE MAMMAL STRANDING NETWORK - SOUTHW
EST 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



3. Date Incorporated or Qualified
03/02/1990

3a. Date of Last Report
05/01/1995

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**

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME ~~BERTONE, STEVE~~ **BERTONE**

1.2 NAME

STREET ADDRESS **10 SHELL IS. RD**

1.3 STREET ADDRESS

CITY-ST-ZIP **NAPLES FL**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **MYERS, GARY D**

2.2 NAME

STREET ADDRESS **941-D TAMiami TR**

2.3 STREET ADDRESS

CITY-ST-ZIP **PORT CHARLOTTE FL**

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **BOUTELLE, STEVE**

3.2 NAME

STREET ADDRESS **2012 ALTAMONT AVE**

3.3 STREET ADDRESS

CITY-ST-ZIP **FT MYERS FL**

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **WASNO, BOB**

4.2 NAME

STREET ADDRESS **2012 ALTAMONT AVE**

4.3 STREET ADDRESS

CITY-ST-ZIP **FT MYERS FL**

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME ~~SRAWski, PAME~~ **STAWski, PAMELA**

5.2 NAME

STREET ADDRESS **830 DEEP LAGOON DR**

5.3 STREET ADDRESS

CITY-ST-ZIP **FT MYERS FL**

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **NOBLE, JEFF D**

6.2 NAME

STREET ADDRESS **1911 MERCHESTER CIRC**

6.3 STREET ADDRESS

CITY-ST-ZIP **NAPLES FL**

6.4 CITY-ST-ZIP

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

(441) 335-2791

Date

Daytime Phone #

CR2E037 (12/95)