SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61,26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Sep 17 1997 8:00am

Secretary of State

Sandra B. Mortham:

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # N36889

(6)

FLORIDA MARINE MAMMAL STRANDING NETWORK - SOUTHW

EST REGION, INC. Principal Place of Business Mailing Address C/O SUZANNE D. LANIER 2640 GOLDEN GATE PARKWAY 5801 PELICAN BAY BLVD., S-405 DO NOT WRITE IN THIS SPACE NAPLES FL 33963-2740 NAPLES FL 33942 3. Date Incorporated or Qualified 3a. Date of Last Report US 03/02/1990 04/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0198180 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Ee 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name LANIER, SUZANNE D. 82 Street Address (P.O. Box Number is Not Acceptable) 5801 PELICAN BAY BLVD. 63 S-405 NAPLES FL 33963-2740 84 City 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, 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 DELETE Change Addition PD. TITLE 1.1 TITLE tome, steve BERTONE, STEVE NAME 1.2 NAME 1300 Tower Rd 10 SHELL IS. RD STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE VPD 2.1 TITLE Fiel Bellucci MYERS, GARY D 2.2 NAME NAME Blud. Apt. #5 5250 Estero STREET ADDRESS 941-D TAMIAMI TR 2.3 STREET ADDRESS Ft. Myers Beach, FL 33931 PORT CHARLOTTE FL 2.4 CITY-ST-ZIP CITY-ST-ZIF DELETE BUD WASUOL 30 ☐ Addition Change TITLE 3. (III) 1500 moved NAME **BOUTELLE. STEVE** 3.2 NAME 2012 ALTAMONT AVE STREET ADDRESS 3.3 STREET ADDRESS 33901 Fr. myers ti FT MYERS FL CITY ST-21P 3.4. CITY - ST - ZIP DELETE BELLETAPY Change Addition 4.1 TITLE TITLE SPEAKE WASNO, BOB JACTICIE HOPFMANN 4. 2 NAME NAME 1481-6 MARKET CIRCUS STREET ADDRESS 2012 ALTAMONT AVE 4.3 STREET ADDRESS 33948 PORT CHARLOTTE FLOKIDA FT MYERS FL City-St-ZW 4.4 CITY-ST-ZIF DELETE Acidition 5.1 TITLE D STAWSKI, PAMELA NAME 5.2 NAME 830 DEEP LAGOON DR 5.3 STREET ADDRESS STREET ADDRESS FT MYERS FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE NAME NOBLE, JEFF D 62 NAME STREET ADDRESS 1911 MERCHESTER CIRC 6.3 STREET ADDRESS 33901 NAPLES FL CITY+ST-ZIP 6.4 CITY-ST-ZIP

14. I do 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. Toven M. Bartane SIGNATURE REQUIRED