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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
4. FEI Number	65-0198180
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 2640 GOLDEN GATE PARKWAY
22 City & State	27 SUITE 206
23 Zip	28 NAPLES FL
24 Country	29 34105-3203
25	30 USA

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BERTONE, STEVE
STREET ADDRESS	300 TOWER RD
CITY-ST-ZIP	NAPLES FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	BELLUCCI, JOEL
STREET ADDRESS	5250 ESTERO BLVD., APT #5
CITY-ST-ZIP	FT MYERS BEACH FL 33931
TITLE	TD <input type="checkbox"/> DELETE
NAME	WASNO, BOB
STREET ADDRESS	1500 MONROE ST
CITY-ST-ZIP	FT MYERS FL 33901
TITLE	S <input type="checkbox"/> DELETE
NAME	HOFFMAN, JACKIE
STREET ADDRESS	1481-G MARKET ST
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MYERS, GARY
STREET ADDRESS	941-D TAMiami TRAIL
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GREGORY, LARRY
STREET ADDRESS	2423 EDWARDS DR
CITY-ST-ZIP	FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THOMAS D. PITCHFORD
1.3 STREET ADDRESS	1481-G MARKET CIRCLE
1.4 CITY-ST-ZIP	PORT CHARLOTTE FLORIDA 33953
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JACKIE HOFFMANN SPEAKE
4.3 STREET ADDRESS	SAME 1481 G MARKET CIRCLE
4.4 CITY-ST-ZIP	SAME PORT CHARLOTTE FL 33953
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Steve Bertone
6.3 STREET ADDRESS	300 Tower Road
6.4 CITY-ST-ZIP	Naples Florida 33142

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.

SIGNATURE: *Steven Bertone* 417-620

CR2E037 (1097)