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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36889

1. Corporation Name

**FLORIDA MARINE MAMMAL STRANDING NETWORK - SOUTHW
EST REGION, INC.**

Principal Place of Business

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

Mailing Address

2640 GOLDEN GATE PARKWAY
STE. 206
NAPLES FL 34105-3203
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 1628 Coronado Road
Suite, Apt. #, etc.

27 City & State

28 Fort Myers, FL

Zip

Country

29 33901

30

Lee Co. USA

3. Date Incorporated or Qualified

03/02/1990

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PITCHFORD, THOMAS D	
STREET ADDRESS	1481-G MARKET CIR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BELLUCCI, JOEL	
STREET ADDRESS	5250 ESTERO BLVD., APT #5	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WASNO, BOB	
STREET ADDRESS	1500 MONROE ST	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN-SPEAKE, JACKIE	
STREET ADDRESS	1481 G MARKET CIR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MYERS, GARY	
STREET ADDRESS	941-D TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERTONE, STEVE	
STREET ADDRESS	300 TOWER RD	
CITY-ST-ZIP	NAPLES FL 33142	

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	Bellucci, Joel	
1.3 STREET ADDRESS	5250 Estero Blvd., Apt. #5	
1.4 CITY-ST-ZIP	Fort Myers Bch., FL 33931	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wilke, Natalie	
2.3 STREET ADDRESS	1481-G Market Circle	
2.4 CITY-ST-ZIP	Port Charlotte, FL 33953	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wasno, Bob	
3.3 STREET ADDRESS	1500 Monroe Street, 3rd Floor	
3.4 CITY-ST-ZIP	Fort Myers, FL 33901	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Barnes, Tomma	
4.3 STREET ADDRESS	2301 McGregor Blvd.	
4.4 CITY-ST-ZIP	Fort Myers, FL 33901	
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Bob Wasno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

Date

(941) 479-8181

Daytime Phone #

CR2E037 (11/98)