

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 # **N38186** (5)

1. Corporation Name

GULF COAST AQUARIUM SOCIETY, INC.



Principal Place of Business

P.O. BOX 10732
NAPLES FL 33941

Mailing Address

P.O. BOX 10732
NAPLES FL 33941

3. Date Incorporated or Qualified
05/14/1990

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 P.O. BOX 10732

Suite, Apt. #, etc.

27 City & State

28 NAPLES, FL.

Zip

29 33941

Country

30 COLLYER

4. FEI Number
65-0063064

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYCE, ROBERT L
8121 LAKE SAN CARLOS CIRCLE
FT. MYERS FL 33912

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 **Robert L. Boyce**

Robert L. Boyce

April 26, 96

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 **DP** ☒ DELETE
NAME **MCEL RATH, RODNEY**
STREET ADDRESS **1314 FAMRDALE ST.**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **BARR, ROSIE**
1.3 STREET ADDRESS **6040 16TH AVE N.W.**
1.4 CITY-ST-ZIP **NAPLES, FL. 33940**

TITLE **S** ☐ DELETE
NAME **BOYCE, DIANA**
STREET ADDRESS **8221 LAKE SAN CARLOS CIRCLE**
CITY-ST-ZIP **FT. MYERS FL 33912**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DV** ☒ DELETE
NAME **CARKNER, MICHAEL**
STREET ADDRESS **7233 JASMINE RD.**
CITY-ST-ZIP **FT. MYERS FL 33912**

3.1 TITLE **DV** ☒ Change ☐ Addition
3.2 NAME **MARTIN, SERLENE**
3.3 STREET ADDRESS **5404 3RD ST. WEST**
3.4 CITY-ST-ZIP **LEHIGH, FL. 33971**

TITLE **DT** ☐ DELETE
NAME **BOYCE, ROBERT**
STREET ADDRESS **8212 LAKE SAN CARLOS CIRCLE**
CITY-ST-ZIP **FT. MYERS FL 33912**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: **Robert L. Boyce** - Treasurer **Robert L. Boyce**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 96

Date

941-267-2692

Daytime Phone #

CR2E037 (12/95)