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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N43468** **(0)**

1. Corporation Name
FRIENDS OF THE DOLPHINS, INC.

Principal Place of Business	Mailing Address
~~POST OFFICE BOX 1017~~ ~~CARRABELLE FL 32322~~ ~~US~~	P.O. BOX 18342 PANAMA CITY BEACH FL 32417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1991
3a. Date of Last Report: 06/16/1994
4. FEI Number: 59-3176595 — Applied For ☐ Not Applicable ☒

2. Principal Place of Business	2a. Mailing Address
21 P. O. Box 18342.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PANAMA CITY BCH, FL	City & State 28
Zip 24 32417	Country 25 USA
Zip 29	Country 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
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
BECK, GUILFORD 5201 NORTH LAGOON DRIVE PANAMA CITY BEACH FL 32408	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Registered Agent signature required when mandated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	LARK, ALAN	12 NAME	
STREET ADDRESS	3701 MARINER	13 STREET ADDRESS	
CITY ST ZIP	PANAMA CITY BEACH FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	WOOD, DONALD M.	22 NAME	STEVE KUESTIN
STREET ADDRESS	POST OFFICE BOX 502 N/A	23 STREET ADDRESS	9858 GLADES RD #345
CITY ST ZIP	CARRABELLE FL	24 CITY ST ZIP	BOCA RATON, FL. 33434
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BECK, GUILFORD	32 NAME	
STREET ADDRESS	5201 NORTH LAGOON	33 STREET ADDRESS	
CITY ST ZIP	PANAMA CITY BEACH FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Guilford T. Beck (GREEN) — 5-2-95 — 904 230-9313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0020730