

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
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DOCUMENT # N44729 (4) 1. Corporation Name MARINE HABITAT FOUNDATION, INC.



Principal Place of Business 900 TARPON BAY RD SANIBEL FL 33957 US	Mailing Address P. O. BOX 990 SANIBEL FL 33956 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/19/1991	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0284078	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CALINSKI, MICHAEL D 900 TARPON BAY RD SANIBEL FL 33957

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	STD <input checked="" type="checkbox"/> DELETE
NAME	CLEMMER-CALINSKI, LISA
STREET ADDRESS	900 TARPON BAY ROAD
CITY-ST-ZIP	SANIBEL FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DOWNES, RICHARD H.
STREET ADDRESS	1595 SERENITY LANE
CITY-ST-ZIP	SANIBEL FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	CALINSKI, MICHAEL D
STREET ADDRESS	17121 CAPTIVA DR
CITY-ST-ZIP	CAPTIVA FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	JENSEN, DAVID
STREET ADDRESS	15200 CAPTIVA DR.
CITY-ST-ZIP	CAPTIVA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SECRETARY, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HEATH, TERI
1.3 STREET ADDRESS	1814 KUDONA ST.
1.4 CITY-ST-ZIP	FT. MYERS, FL 33957
2.1 TITLE	TREASURER, V.P., DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HANAHAN, TIM
2.3 STREET ADDRESS	8184 PENNSYLVANIA BLVD.
2.4 CITY-ST-ZIP	SAN CARLOS, FL 33412
3.1 TITLE	PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CALINSKI, MIKE
3.3 STREET ADDRESS	6308 PANTHER LN. J-5
3.4 CITY-ST-ZIP	FT. MYERS, FL 33919
4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MCKELAR, CHAD
4.3 STREET ADDRESS	18715 SOUTHWOOD DR.
4.4 CITY-ST-ZIP	COLORADO SPRINGS, CO 80908
5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GUARD, PAUL
5.3 STREET ADDRESS	2603 ANDALUSA BLVD
5.4 CITY-ST-ZIP	CAPE CORAL, FL 33909
6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOHNSON, BOB
6.3 STREET ADDRESS	844 LINDGREN BLVD.
6.4 CITY-ST-ZIP	SANIBEL, FL 33957

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: Mike Calinski **MIKE CALINSKI** 3/29/96 (941) 433-1825 472-3558

CR2E037 (12/95)