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FILED

Jan 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44729 (4)

1. Corporation Name

MARINE HABITAT FOUNDATION, INC.



Principal Place of Business

Mailing Address

900 TARPON BAY RD
SANIBEL FL 33957
USP. O. BOX 990
SANIBEL FL 33957-0990
US3. Date Incorporated or Qualified
08/19/19913a. Date of Last Report
04/03/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0284078Applied For
Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

CALINSKI, MICHAEL D
900 TARPON BAY RD
SANIBEL FL 33957

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☒ DELETE
NAME HEATH, TERI
STREET ADDRESS 1014 KHONDA ST
CITY-ST-ZIP FT MYERS FL1.1 TITLE SD ☐ Change ☒ Addition
1.2 NAME HULSMAN, JOANNA
1.3 STREET ADDRESS 1770 DIXIE BLVD
1.4 CITY-ST-ZIP SANIBEL, FL 33957TITLE TVD ☐ DELETE
NAME HANATHAN, TIM
STREET ADDRESS 8189 PENNSYLVANIA BLVD
CITY-ST-ZIP SAN CARLOS FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME CALINSKI, MIKE
STREET ADDRESS 6308 PANTHER LN J-5
CITY-ST-ZIP FT MYERS FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME MCKELLAR, CHAD
STREET ADDRESS 16775 SOUTHWOOD DR
CITY-ST-ZIP COLORADO SPRINGS CO4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME GUARD, PAUL
STREET ADDRESS 2603 ANDALUSA BLVD
CITY-ST-ZIP CAPE CORAL FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME JOHNSON, BOB
STREET ADDRESS 844 LINDGKEN BLVD
CITY-ST-ZIP SANIBEL FL6.1 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 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:

MICHAEL D CALINSKI, PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/10/97
Date(941) 472-3558
Daytime Phone # 0057941

CR2E037 (9/96)