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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 900
SANIBEL FL 33956
US**



2. Principal Place of Business

21 **1001 10th Ave S.**

22 **Suite 206**

23 **Naples FL**

24 **34102**

2a. Mailing Address

26 **1001 10th Ave S.**

27 **Suite 206**

28 **Naples FL**

29 **34102**

3. Date Incorporated or Qualified

08/19/1991

4. FEI Number

65-0284078

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**CALINSKI, MICHAEL D
900 TARPON BAY RD
SANIBEL FL 33957**

81 Name

Victoria L. Pollock

82 Street Address (P.O. Box Number is Not Acceptable)

1001 10th Ave S.

83

Suite 206

84 City

Naples

FL

85 Zip Code
34102

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/98

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	MULSMAN, JOANNA	
STREET ADDRESS	1770 DIXIE BEACH BLVD	
CITY-ST-ZIP	SANIBEL FL	
TITLE	TVD	<input type="checkbox"/> DELETE
NAME	HANATHAN, TIM	
STREET ADDRESS	8189 PENNSYLVANIA BLVD	
CITY-ST-ZIP	SAN CARLOS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CALINSKI, MIKE	
STREET ADDRESS	6308 PANTHER LN J-5	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKELLAR, CHAD	
STREET ADDRESS	16775 SOUTHWOOD DR	
CITY-ST-ZIP	COLORADO SPRINGS CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUARD, PAUL	
STREET ADDRESS	2803 ANDALUSA BLVD	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	"D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bruce D. Conley	
1.3 STREET ADDRESS	610 2nd St S.	
1.4 CITY-ST-ZIP	Naples FL 34102	
2.1 TITLE	"D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Paul Schryver	
2.3 STREET ADDRESS	1546 13th Ave N	
2.4 CITY-ST-ZIP	Naples FL 34102	
3.1 TITLE	"D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Victoria Pollock	
3.3 STREET ADDRESS	732 Woods Hole Ln #1-1	
3.4 CITY-ST-ZIP	Naples FL 34105	
4.1 TITLE	"D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Fiona Nicks	
4.3 STREET ADDRESS	PO Box 10805	
4.4 CITY-ST-ZIP	Naples FL 34101	
5.1 TITLE		<input checked="" 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.

SIGNATURE:

Victoria L. Pollock

4/28/98

(941) 403-7300

CR2E037 (10/97)