

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90068 033 ****61.25

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DOCUMENT # N44729

1. Corporation Name

MARINE HABITAT FOUNDATION, INC.

Principal Place of Business

1001 10TH AVE S
SUITE 206
NAPLES FL 34102
US

Mailing Address

1001 10TH AVE S
SUITE 206
NAPLES FL 34102
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

9. Name and Address of Current Registered Agent

POLLOCK, VICTORIA L
1001 10TH AVE S
SUITE 206
NAPLES FL 34102

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

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

Victoria Pollock
(NOTE: Registered Agent signature required when reinstating)

4-16-99
DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CONLEY, BRUE D
STREET ADDRESS 610 2ND ST S
CITY-ST-ZIP NAPLES FL 34102

TITLE D
NAME SCHRIVER, PAUL
STREET ADDRESS 1546 13TH AVE N
CITY-ST-ZIP NAPLES FL 34102

TITLE D
NAME POLLOCK, VICTORIA
STREET ADDRESS 732 WOODSHIRE LN #1-1
CITY-ST-ZIP NAPLES FL 34105

TITLE D
NAME HAAS, FRAN
STREET ADDRESS P O BOX 10805 N/A
CITY-ST-ZIP NAPLES FL 34101

TITLE D
NAME GUARD, PAUL
STREET ADDRESS 2603 ANDALUSA BLVD
CITY-ST-ZIP CAPE CORAL FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

Victoria Pollock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-99 941 403-2300

CR2E037 (11/98)