


FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90201 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N45413					
1. Corporation Name SURFRIDER FOUNDATION - SOUTH FLORIDA, INC.					
Principal Place of Business 105 AVE DE LA ESTRELLA SAN CLEMENT CA 92672			Mailing Address 122 S. EL CAMINO ROAD #67 SAN CLEMENTE CA 92672		

* 2 7 2 5 8 9 1 1 5 2 2 9 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 122 S. El Camino Real		09/30/1991	
22 #1		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		95-3941826	
24 Zip		29 Zip		5. Certificate of Status Desired	
25 Country		30 Country		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WALTHER, MICHAEL 3625 20TH ST. VERO BEACH FL 32980				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: Michael P. Walther Chairman DATE: 2/22/99

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COUSINEAU, MARK			1.2 NAME			
STREET ADDRESS	1528 VIA TULIPAN			1.3 STREET ADDRESS			
CITY-ST-ZIP	SAN CLEMENTE CA 92673			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EARHART, JOHN			2.2 NAME			
STREET ADDRESS	412 N. COAST HIGHWAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAGUNA BEACH CA 92651			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATHEWAY, DARYL			3.2 NAME			
STREET ADDRESS	10004 FOREST GROVE DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	SILVER SPRINGS MD 20902			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Vice-Chair	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERGUSON, AL			4.2 NAME	Elizabeth Sturcken		
STREET ADDRESS	181 LEWIS LANE			4.3 STREET ADDRESS	71 Barnard Ave		
CITY-ST-ZIP	FAIR HAVEN NJ 07704			4.4 CITY-ST-ZIP	WATERTOWN, MA 02172		
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALTHER, MICHAEL			5.2 NAME			
STREET ADDRESS	3625 20TH STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32980			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FUJITA, MARTY			6.2 NAME			
STREET ADDRESS	8125 ASPINWALL ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	OAKLAND CA 94611			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: Michael P. Walther DATE: 2/11/99 (449) 492-8170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1198)