

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45413

FILED
Jan 05, 2004
Secretary of State

Entity Name: SURFRIDER FOUNDATION - SOUTH FLORIDA, INC.

Current Principal Place of Business:

120 1/2 E EL CAMINO RD
207
SAN CLEMENTE, CA 92672

New Principal Place of Business:

120 1/2 S. EL CAMINO REAL
207
SAN CLEMENTE, CA 92672

Current Mailing Address:

PO BOX 6010
SAN CLEMENTE, CA 926746010

New Mailing Address:

FEI Number: 95-3941826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTHER, MICHAEL
3625 20TH ST.
VERO BEACH, FL 32980 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHYTILO, MARC
Address: P.O. BOX 92233
City-St-Zip: SANTA BARBARA, CA 93190

Title: C () Delete
Name: ORBACH, MIKE
Address: 135 DUKE MARINE LAB RD
City-St-Zip: BEAUFORT, NC 28516

Title: S () Delete
Name: HILDESBY, WILL N
Address: 2630 SW PATTON RD
City-St-Zip: PORTLAND, OR 97201

Title: D () Delete
Name: BALLIET, KRIS
Address: 425 G STREET, #450
City-St-Zip: ANCHORAGE, AK 99501

Title: VC () Delete
Name: BERG, JEFF
Address: 352 W. PASEO DE CRISTOBOL
City-St-Zip: SAN CLEMENTE, CA 92672

Title: D () Delete
Name: SPALDING, MARK
Address: 11055 CEDARCREST WAY
City-St-Zip: SAN DIEGO, CA 92121

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRIS BALLIET

D

01/05/2004

Electronic Signature of Signing Officer or Director

Date