FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 11 9:15
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47373** **(8)**

1. Corporation Name

THE DOLPHIN FREEDOM FOUNDATION, INC.

Principal Place of Business	Mailing Address
824 SOUTHWEST 13TH ST FT LAUDERDALE FL 33315	824 SW 13 STREET FT LAUDERDALE FL 33315 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1992
3a. Date of Last Report: 04/21/1994
4. FEI Number: 65-0332416 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for corporate tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

21 Principal Place of Business	26 Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

9. Name and Address of Current Registered Agent

RECTOR, RUSSELL H.
824 SW 13TH ST
FT LAUDERDALE FL 33315

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	RECTOR, RUSSELL H.	12 NAME		
STREET ADDRESS	824 SW 13TH ST	13 STREET ADDRESS		
CITY ST ZIP	FT LAUDERDALE FL	14 CITY ST ZIP		
TITLE	DV	21 TITLE		☐ Change ☐ Addition
NAME	SMITH, BRUCE	22 NAME		
STREET ADDRESS	902 MAGNOLIA AVE.	23 STREET ADDRESS		
CITY ST ZIP	N. LAUDERDALE FL	24 CITY ST ZIP		
TITLE	DS	31 TITLE	DS	☒ Change ☐ Addition
NAME	MCDONELL, MARY	32 NAME	Tina Rettit	
STREET ADDRESS	3670 SW 47TH AVE	33 STREET ADDRESS	4754 NW 5 Ave	
CITY ST ZIP	HOLLYWOOD FL	34 CITY ST ZIP	Pompano Bch, FL. 33064	
TITLE	DT	41 TITLE		☐ Change ☐ Addition
NAME	ALSON, MATTHEW	42 NAME		
STREET ADDRESS	4201 NE 29TH AVE	43 STREET ADDRESS		
CITY ST ZIP	FT LAUDERDALE FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: Russell H. Rector 4/25/95 305-462-1817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046800