## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # N
1. Corporation Name

N93000003709 (3)

SUGARLOAF DOLPHIN SANCTUARY, INC.

Principal Place of Business		Mailing Address		\$ (89)(181 818 (8188 (11)) 59)(1 4813) 8	.0311 00111 60100 11111 10017 00160 1110 1011
SUGARLOAF LODGE MM 17 SUGARLOAF KEY FL 33044 US		SUGARLOAF LODGE MM 17 SUGARLOAF KEY FL 33044 US			
				3. Date Incorporated or Qualified 08/01/1993	3a. Date of Last Report 11/12/1996
2. Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0447425	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Žip	Country	8. This corporation has liability for in	
24	25		30		Yes 🔀 No
	9. Name and Address of Current	Registered Agent	B1 Name	10. Name and Address of New Reg	ilstered Agent
Lloyd A. Good III					,
Lloyd A. 6000 III  1 US Hwy 1 MM 19  1 OBN 148  2 Suganlar Key, Fl. 33042  84 City			82 Street Add	ddress (P.O. Box Number is Not Acceptable)	
•	10 BN 148		83		
1 5	manahaf Key.	E/. 35042			
0	CHARLOWN TO CALL	•	84 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 617.0502	and 617,1508. Florida Statuter	s. the above-named cor	poration submits this statement for the pr	urnose of changing its registered
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.					
	Lou I A Good 1	- Section 617.0303, Flor	ida Statoles.	2/4	1/97
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent signature requ	eired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	TD	☐ DELETE	1.1 TITLE		Li Change Li Addition
NAME	GOOD, LLOYD A III		1.2 NAME		
STREET ADDRESS	SUGARLOAF LODGE / MM17		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUGARLOAF KEY FL	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE NAME	D COOD IOUN R		2.1 TITLE 2.2 NAME		CT CHANGE CT VOOLOON
STREET ADDRESS	GOOD, JOHN B SUGARLOAF LODGE, MM17		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUGARLOAF KEY FL		2. 4 CITY - ST - ZIP		
TITLE	D	DELETE	3.1 TITLE	2007	Change Addition
NAME	DUNCAN, CAHTERINE		3.2 NAME		-
STREET ADDRESS	SUGARLOAF LODGE, MM17		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUGARLOAF KEY FL		3.4. CITY-ST-ZIP		
TITLE		DELETE	4,1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City - St - ZiP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		otten.	6.2 NAME		Fin oblande Fin variabili
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST- ZIP		
14. I do hereb	y certify that the information supplied	with this filing does not qualify	for the exemption state	d in Section 119.07(3)(i), Florida Statutes	. I further certify that the
I am an of	ficer or director of the corporation or the Block 12 or Block 13 if changed, or c	ne receiver or trustee empowe	red to execute this reporess.	at my signature shall have the same legal ort as required by Chapter 617, Florida St	atutes; and that my name