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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N93000005602 (8)

1. Corporation Name

MARINE MAMMAL RESCUE FOUNDATION OF THE UPPER KEY S, INC.

Principal Place of Business	Mailing Address
31 CORRINE PLACE KEY LARGO FL 33037	31 CORRINE PLACE KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0455644 ☐ 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 intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CERMAK, LYNN
31 CORRINE PLACE
KEY LARGO FL 33037

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when manually)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BLANKENSHIP, CHRIS	12 NAME	
STREET ADDRESS	4 OAKWOOD AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WOLFE, SHARON	22 NAME	
STREET ADDRESS	817 MADRID RD.	23 STREET ADDRESS	
CITY-ST ZIP	KEY LARGO FL 33037	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	NAVARRETE, CRYSTAL	32 NAME	
STREET ADDRESS	30 N. OCEAN DR.	33 STREET ADDRESS	
CITY-ST ZIP	KEY LARGO FL 33037	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	CERMAK, LYNN	42 NAME	
STREET ADDRESS	11 PARK DR.	43 STREET ADDRESS	
CITY-ST ZIP	KEY LARGO FL 33037	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	555 3/24/95
CITY ST ZIP		64 CITY ST ZIP	

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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 on an attachment with an address.

SIGNATURE: Lynn Cermak LYNN CERMAK 3/3/95 (305)451-1993
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0006770