


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005602 (8)**

1. Corporation Name  
**MARINE MAMMAL RESCUE FOUNDATION OF THE UPPER KEY  
S, INC.**

Principal Place of Business <b>31 CORRIE PLACE KEY LARGO FL 33037</b>	Mailing Address <b>31 CORRIE PLACE KEY LARGO FL 33037</b>
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3. Date Incorporated or Qualified

**12/13/1993**

4. FEI Number

**65-0455644**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CERMAK, LYNN  
31 CORRIE PLACE  
KEY LARGO FL 33037**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BLANKENSHIP, CHRIS	
STREET ADDRESS	4 OAKWOOD AVE.	
CITY-ST-ZIP	KEY LARGO FL 33037	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WOLFE, SHARON	
STREET ADDRESS	817 MADRID RD.	
CITY-ST-ZIP	KEY LARGO FL 33037	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NAVARRETE, CRYSTAL	
STREET ADDRESS	30 N. OCEAN DR.	
CITY-ST-ZIP	KEY LARGO FL 33037	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CERMAK, LYNN	
STREET ADDRESS	11 PARK DR.	
CITY-ST-ZIP	KEY LARGO FL 33037	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President / Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LYNN CERMAK	
1.3 STREET ADDRESS	11 Park Drive	
1.4 CITY-ST-ZIP	Key Largo, FL 33037	

2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Peter Hoagland	
2.3 STREET ADDRESS	67 Bass Ave.	
2.4 CITY-ST-ZIP	Key Largo, FL 33037	

3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nicole La Pierre	
3.3 STREET ADDRESS	1463 Woodpecker St	
3.4 CITY-ST-ZIP	Homestead, FL 33035	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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; that 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*

1/29/98 (305) 451-1993

CR2E037 (10/97)