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Jan 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001540 (3)

1. Corporation Name

DOLPHIN DEFENDERS INC.

Principal Place of Business

P.O. BOX 833  
BONITA SPRINGS FL 33959

Mailing Address

P.O. BOX 833  
BONITA SPRINGS FL 34133-09333. Date Incorporated or Qualified  
03/29/19943a. Date of Last Report  
04/15/19964. FEI Number  
65-0474355Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEMRO, JENNIFER  
12287 LONDONDERRY LANE  
BONITA SPRINGS FL 33923

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 DP ☐ DELETE  
NAME SEMRO, JENNIFER  
STREET ADDRESS 12287 LONDONDERRY LANE  
CITY - ST - ZIP BONITA SPRINGS FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE DV ☐ DELETE  
NAME ROBERGE, MARK  
STREET ADDRESS 4944 CLEVELAND D39  
CITY - ST - ZIP FT. MYERS FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE DS ☐ DELETE  
NAME ANDERSON, ALLISON  
STREET ADDRESS 1939 IMPERIAL GOLF COARSE BLVD.  
CITY - ST - ZIP NAPLES FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE DT ☐ DELETE  
NAME SPRAGUE, MARY  
STREET ADDRESS 1573 MATTHEW DR., #5  
CITY - ST - ZIP FT. MYERS FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE D ☐ DELETE  
NAME ANDERSON, RUSSELL  
STREET ADDRESS 1939 IMPERIAL GOLF COARSE BLVD.  
CITY - ST - ZIP NAPLES FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputies Phone #

FAX/TELE

CR2E037 (9/96)

Jennifer Semro 1-10-97

## Statement of Functional Expenses for the Year Ended

1996

	Program Services				Supporting Service		Total Expenses	
	Professional Education & Training	Research	Public Education	Total	Management and General	Fund Raising	Total	19 96
Salaries				0		0	0	0
Payroll taxes & other employee benefits				0			0	0
Consulting fees				0			0	0
Direct grants				0			0	0
Supplies		500.00		500.00			0	500.00
Telephone				600.00			0	600.00
Postage				1,000.00			0	1,000.00
Occupancy				0			0	0
Equipment Rental				0			0	0
Printing				1,000.00			0	1,000.00
Travel				500.00			0	500.00
Conferences & Meetings				500.00			0	500.00
Mail Service							0	
Insurance							0	
Interest							0	
Miscellaneous				500.00			0	500.00
Total Expense				4,600.00			0	4,600.00