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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000002762

1. Corporation Name

OOCEA FOUNDATION, INC.

Principal Place of Business
 525 S. MAGNOLIA AVE.
 ORLANDO FL 32801

Mailing Address
 525 S. MAGNOLIA AVE.
 ORLANDO FL 32801

154451 90056 38



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
05/27/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3262247

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

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 ☐ DELETE
 NAME **DP RICH, A W**
 STREET ADDRESS **525 S. MAGNOLIA AVE.**
 CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE ☐ Change ☒ Addition
 1.2 NAME **Barr, Jacqueline**
 1.3 STREET ADDRESS **525 South Magnolia Avenue**
 1.4 CITY-ST-ZIP **Orlando, FL 32801**

TITLE ☐ DELETE
 NAME **DT WORRALL, HAROLD W**
 STREET ADDRESS **525 S. MAGNOLIA AVE.**
 CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME **DVP LONG, INEZ**
 STREET ADDRESS **525 S. MAGNOLIA AVE.**
 CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME **D BROWN, PHILLIP**
 STREET ADDRESS **201 S ORANGE AVE STE 720**
 CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME **D PAULSON, ROBERT**
 STREET ADDRESS **1560 ORANGE AVE STE 700**
 CITY-ST-ZIP **WINTER PARK FL**

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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, with all other like empowered.

SIGNATURE:

Harold W. Worrall
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 27 1999

407-316-3800

Date

Daytime Phone #

CR2E037 (11/98)