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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT

Sandra B. Morthun

STATE

Secretary of State
DIVISION OF CORPOR IONS

DOCUMENT #

1. Corporation Name

N94000004120 (1)

GULF STUDIES FOUNDATION, INC.

Principal Place of Business Mailing Address

1640 PLATT STREET
SARASOTA FL 34236
US

185

FILED
Jan 15 1997 8:00am
Secretary of State



3. Date Incorporated of O'Quildings 2. Principal Place of Business 3. Solid. Apt. 4, etc. 2. Solid. Apt. 4, etc. 3. Solid. Apt. 4, etc. 2. Solid. Apt. 4, etc. 2. Solid. Apt. 4, etc. 3. Solid. Apt. 4, etc. 3. Solid. Apt. 4, etc. 3. Solid. Apt. 4, etc. 4. FEI Number 6. Certificate of Status Desired Se. 75 Additional Fee Required Se. 70 Added to Fee Required Se. 75 Additional Fee Required Se. 75	SARASOTA FL	34236	SARASOTA FL 34236-7721				
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Scriptical editation State				-L 3423.	65-0469722	Not Applicable	
2	Suite, Apt.	#, etc.	27	1	5. Certificate of Status Desired	7	
A				FLA			
9. Name and Address of Current Registered Agent KARP, MELISSA A 630 S. ORANGE AVE., #200 SARASOTA FL 34236 19. Versuant to the provisions of Sections 617 0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing list registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing list registered office or registered agent. In bit mains with, and accept the displacion of Section 75.000. Florida Statutes. SIGNATURE 12.	Zip 24 3 42	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199,032,	
KARP, MELISSA A 630 S. ORANGE AVE., #200 SARASOTA FL 34238 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 enthrozed by the corporation's board of directors. I hereby accept the appointment as registered agent 1 am familiar with, and accept the obligations of, Section 617,6503, Florida Statutes. SIGNATURE SEQUENCY Proper or proof user of registered department agent and registered page of 1 am familiar with, and accept the obligations of, Section 617,6503, Florida Statutes. SIGNATURE SEQUENCY Proper or proof user of registered department agent and registered page of the appointment as registered pages of the appointment as registered page	24 0 1 -			I			
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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 submirized by the corporation's board of directors. I hereby accept the appointment as registered agent familiars with, and accept the obligations of, Section 617.0502. Broad accept the obligations of, Section 617.0503. Broad accept the obligation 617.0503. Broad accept the obligation 617.0503. Broad accept the obligation 617.0503.				83			
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DELETE	SIGNATURE Signature: typeo or printed name of registured agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE						
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CITY-ST-ZIP 6.4 CITY-ST-ZIP							
		ov certify that the information supplied	with this filing does not qualify fo		nd in Section 119.07(2)(i) Florido Stat. 445	Liuthor portification	

4. To be reply that the information supplied with this filing does not quality 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 or an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-4-97

Daytime Phone # 0061294