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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000809 (2)**

1. Corporation Name

MARITIME HERITAGE FOUNDATION, INC.



Principal Place of Business 3102 LAKESHORE BLVD. JACKSONVILLE FL 32210	Mailing Address 3102 LAKESHORE BLVD. JACKSONVILLE FL 32210
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3. Date Incorporated or Qualified
02/16/1995

4. FEI Number 59-3295717	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 ROGERS, GRACE B 3102 LAKESHORE BLVD. JACKSONVILLE FL 32210	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 *Grace B Rogers* DATE **2/24/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	
NAME	ROGERS, GRACE B	1.2 NAME	
STREET ADDRESS	3102 LAKESHORE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BELL, JOHN M	2.2 NAME	
STREET ADDRESS	814 EAST COAST DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	MOODY, M D III	3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 47080 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32247	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	THOMPSON, JAMES J	4.2 NAME	
STREET ADDRESS	5735 MONROE SMITH ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32222	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Grace B Rogers* **3/6/98**

CR2E037 (10/97)