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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002167 (3)**

1. Corporation Name

FRIENDS ACROSS THE SEA, INC.

Principal Place of Business

Mailing Address

**2106 SAWGRASS VILLAGE
PONTE VEDRA BEACH FL 32082**

**2106 SAWGRASS VILLAGE
PONTE VEDRA BEACH FL 32082**

3. Date Incorporated or Qualified
05/01/1995

3a. Date of Last Report
05/01/1996

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

25

29

30

4. FEI Number
59-3348609

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HILL, WILLIAM H JR.
2106 SAWGRASS VILLAGE
PONTE VEDRA BEACH FL 32082**

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 **HILL, WILLIAM H JR.**
STREET ADDRESS **2106 SAWGRASS VILLAGE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **32082**

TITLE **DVP** ☐ DELETE
NAME **MORGAN, JACK**
STREET ADDRESS **9737 PRESTON TRAIL**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **32082**

TITLE **DVP** ☐ DELETE
NAME **GEBHART, MARY**
STREET ADDRESS **23 VILLAGE WALK CT.**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **32082**

TITLE **D** ☒ DELETE
NAME **MCCORMICK, JEAN**
STREET ADDRESS **1 SAN DIEGO ROAD**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Pauli Kirby**
4.3 STREET ADDRESS **13 Cove Rd**
4.4 CITY-ST-ZIP **Ponte Vedra Beach 32082**

TITLE **DT** ☐ DELETE
NAME **HARRISON, PAUL**
STREET ADDRESS **1815 SEABREEZE AVENUE**
CITY-ST-ZIP **JACKSONVILLE BEACH FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Paul M.D. Harrison**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **32250**

TITLE **DS** ☐ DELETE
NAME **PETERSON, WANDA**
STREET ADDRESS **116 OSPREY RIDGE ROAD**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS **32082 OK**
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: **Paul M.D. Harrison** 4/15/97 (604) 246-3132

CR2E037 (9/96)