

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **9737 PRESTON TRAIL**

**22** City & State

**27** **PONTE VEDRA BCH, FL**

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29** **32082**

**30** **ST JOHNS**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**05/01/1995**

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**

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

10. Name and Address of New Registered Agent

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

**81** Name

**JACK MORGAN**

**82** Street Address (P.O. Box Number Is Not Acceptable)

**9737 PRESTON TRAIL**

**83**

**84** City

**PONTE VEDRA BEACH**

**FL**

**85** Zip Code

**32082**

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

*John S. Morgan*

**3/4/98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

**1.1 TITLE**

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY-ST-ZIP**

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**13.**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☒ Addition

**1.1 TITLE**

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY-ST-ZIP**

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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: *Pauli T. Kirby* TREASURE **3/4/98** **904 285-9484**

CR2E037 (10/97)