

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90201 048 ****61.25

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DOCUMENT # **N95000002167**

1. Corporation Name

FRIENDS ACROSS THE SEA, INC.

Principal Place of Business

2106 SAWGRASS VILLAGE
PONTE VEDRA BEACH FL 32082

Mailing Address

9737 PRESTON TRAIL
PONTE VEDRA BEACH FL 32082
US



2. Principal Place of Business

21 **9737 PRESTON TRAIL**

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/01/1995

4. FEI Number

59-3348609

Applied For

Not Applicable

22 City & State

23 **PONTE VEDRA BEACH, FL**

27 City & State

28

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip

32082

Country

US

29 Zip

32082

Country

US

9. Name and Address of Current Registered Agent

MORGAN, JACK
9737 PRESTON TRAIL
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

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

TITLE **DS** ☐ DELETE
NAME **HICKS, DEBORAH**
STREET ADDRESS **104 GRANADA LANE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **DP** ☐ DELETE
NAME **MORGAN, JACK**
STREET ADDRESS **9737 PRESTON TRAIL**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **DVP** ☐ DELETE
NAME **GEBHART, MARY**
STREET ADDRESS **23 VILLAGE WALK CT.**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **DT** ☐ DELETE
NAME **KIRBY, PAULI**
STREET ADDRESS **113 ALSACE CT**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D** ☐ DELETE
NAME **SOLOT, JOSEPHINE**
STREET ADDRESS **121 ALSACE CT**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D** ☐ DELETE
NAME **PAGE, FRED**
STREET ADDRESS **567 BISHOP GATE LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

Date

904/285-9484

Daytime Phone #

CR2E037 (1/98)