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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003290 (2)**

1. Corporation Name

MARINELAND FOUNDATION, INC.

Principal Place of Business

**9507 OCEAN SHORE BLVD.
MARINELAND FL 32806**

Mailing Address

**9507 OCEAN SHORE BLVD.
MARINELAND FL 32806**

3. Date Incorporated or Qualified

07/11/1995

3a. Date of Last Report

05/21/1996

4. FEI Number

59-3327791

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOVERT, J.L.
3000 GULF TO BAY BLVD.
2ND FLOOR
CLEARWATER FL 34619**

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 ☐ DELETE

**P/D
BEUSSE, DIEDRICH O
1441 HANDLEMAN DR.
OVIEDO FL 32785**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D/S
HARTIG, MIKKI
3708 FLORES AVE.
SARASOTA FL 34239**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D
CADOGAN, JAMES
4723 ROWE DR.
NEW PORT RICHEY FL 34853**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director

5/1/97
Date

(904) 471-1111
Daytime Phone #

0077886

CR2E037