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Mar 03 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003290 (2)**

1. Corporation Name

MARINELAND FOUNDATION, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 9507 Ocean Shore Blvd
Suite, Apt. #, etc.

26 9507 Ocean Shore Blvd.
Suite, Apt. #, etc.

22
City & State

27
City & State

23 St. Augustine, FL
Zip Country

28 St. Augustine, FL
Zip Country

24 32086

25 Flagler

29 32086

30 Flagler

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/11/1995

4. FEI Number

59-3327791

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

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

10. Name and Address of New Registered Agent

81 Name

Robin B. Friday, Sr.

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

9507 Ocean Shore Blvd.

83

84

St. Augustine

FL

85 Zip Code
32086

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

Robin B. Friday, Sr., General Manager 29JAN98

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 ☐ DELETE

**P/D
BEUSSE, DIEDRICH O
1441 HANDLEMAN DR.
OVIEDO FL 32765**

TITLE ☐ DELETE

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

TITLE ☒ DELETE

**D
CADOGAN, JAMES
4723 ROWE DR.
NEW PORT RICHEY FL 34653**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

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

**D/S
Hartig, Victoria
3708 Flores Ave.
Sarasota, FL 34239**

**v/D
LaPorte, Dennis
176 Marina Drive
St. Augustine, FL 32086**

**D/S
Wright, Carol L.
4021 Pelican Road
Jacksonville, FL 32207**

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:

[Signature]

2-2-98 (904) 460-1275

CR2E037 (10/97)