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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500003290

1. Corporation Name

MARINELAND FOUNDATION, INC.

Principal Place of Business 9507 OCEAN SHORE BLVD. MARINELAND FL 32806 Mailir ... vddress

9507 OCEAN SHORE BLVD. MARINELAND FL 32806

FILED May 01, 1999 8:00 am § Secretary of State

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	ب استست براهی	The second second			
2. Principal P	lace of Business	2a. Mailing Address		Date Incorporated or Qualifed	
21		26		07/11/1995	
Suite, Apt.	#, etc:	Suite, Apt. #, etc.		4. FEI Number	Applied For
22	•	27		59-3327791	Not Applicable
City & Stat	e	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5,00 May Be
Zip 32086 Country Zip 29 32086 31			0	Trust Fund Contribution	Added to Fees
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	d Agent
			81 Name ~	David J. Internoseia)
FRIDAY, ROBIN B SR"			82 Street Address (P.O. Box Number is Not Acceptable) 9.00 Ocean Shore Blvd		
9507 OCEAN SHORE BLVD			9507 Ocean Shore Blud		
	JSTINE FL 32086		83		,
UI AUGU	2011.121		84 City A		85 Zip Code
				Parine land F	L ココ ハ8省
11. Pursuant	to the Drovisions of Sections 647.050:	2 and 617.1508, Florida Statutes	, the above-named of	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appearance of the submitted for the purpose of ration's board of directors. I hereby accept the appearance of the submitted for the purpose of ration's board of directors.	of changing its registered
office or	egistered agent, or both, in the State	of Florida, Such change was auth	orized by the corpo	ration's board of directors. I hereby accept the appoint	ointment as registered
	in raminal with and accept in onlight	nona di, addudi 1017.000a, Pidha	a Statutes.	Almoka	
SIGNATURE	Signature, typed or printed name of registered egen	d and title if continable (NOTE: Re	egistered Agent signature re	outred when reinstatine) DAYE	
12. 2	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P/D	DELETE	1.1 TITLE	, No.	☐ Change Addition
NAME	BEUSSE, DIEDRICH O		1.2 NAME	preak of	ţ.
STREET ADDRESS	1441 HANDLEMAN DR.		1.3 STREET ADDRESS	d (man)	
CITY-ST-ZIP	OVIEDO FL 32765	_	1.4 CITY-ST-ZIP	The state of the state of the state of	
TITLE	DS DS	DELETE	2.1 TITLE	Total D	Change Addition
NAME	HARTIG, VICTORIA		2.2 NAME -	Dr. Keyin yordan	,
STREET ADDRESS	ATTACK TO ADPO AVE		2.3 STREET ADDRESS	305 Cortez St.	
	SARASOTA FL 34239		2. 4 CITY-ST-ZIP	APW SMYNER ROOK Plan	da 32169
CITY-ST-ZIP	₩D	☐ DELETE	3.1 TITLE	Dr. Hevin Jordan D 305 Cortez St. New Smyrne Beach Flore P/D	Change Addition
NAME	LAPORTE, DENNIS	_	3.2 NAME	170	
STREET ADDRESS	176 MARINA DRIVE		3.3 STREET ADDRESS		
	ST AUGUSTINE FL 32086		3,4, CITY-ST-ZIP	•	-
CITY-ST-ZiP	. B9*	☐ DELETE	4.1 TITLE	- V/D	Change Addition
NAME	WRIGHT, CAROL L		4,2 NAME		<i>r</i> .
-	4021 PELICAN RD		4.3 STREET ADDRESS		
STREET ADDRESS	JACKSONVILLE FL 32207		4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	WOUND WHILE I F OFFOR	☐ DELETE	EARE	7	Change Addition
		ind Dentiti	5,2 NAME	Alex Korwek	-
NAME ATRICET LIBERTICS			5,3 STREET ADDRESS	Alex Korwek	
STREET ADDRESS			5.4 CITY-ST-ZIP	Palm Coast, Fl. 32137	
CITY-ST-ZIP	1	[] DELETE		Shart Dayle D	Change Addition
TITLE		LJ OCCUTIC	6,2 NAME	Shawn Rowe 10 / 7000 Middle for the \$1-3	the second
NAME		•	6.3 STREET ADDRESS	St. Augustive F1- 31086	
STREET ADDRESS				-1. My02 Tre #1- 3 2086	,
CITY-ST-7IP			8.4 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 employered 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:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime

Daytime Phone #

27F037 (11/98)