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FILED  
Aug 13 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 # N95000005770 (1)

1. Corporation Name

MARITIME YOUTH MINISTRIES INC.



Principal Place of Business

980 SHADOW RIDGE DRIVE  
PENSACOLA FL 32514

Mailing Address

980 SHADOW RIDGE DRIVE  
PENSACOLA FL 32514

3. Date Incorporated or Qualified

12/04/1995

4. FEI Number

73-1480970

Applied For  
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZGERALD, DAVID L  
602 W BLOUNT ST  
PENSACOLA FL 32501

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 DC ☐ DELETE  
NAME FITZGERALD, DAVID L  
STREET ADDRESS 602 W BLOUNT ST  
CITY-ST-ZIP PENSACOLA FL 32501

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME LEGAULT, ALFRED B  
STREET ADDRESS 980 SHADOW RIDGE DRIVE  
CITY-ST-ZIP PENSACOLA FL 32514

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DM ☐ DELETE  
NAME ADAMS, JOHN A  
STREET ADDRESS 3009 NEWTON DR  
CITY-ST-ZIP PENSACOLA FL 32503

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DM ☒ DELETE  
NAME EMMANUEL, JOSEPH  
STREET ADDRESS 108 W STRONG ST  
CITY-ST-ZIP PENSACOLA FL 32501

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DM ☐ DELETE  
NAME VAN ORD, JACK  
STREET ADDRESS 1223 EAGLE DR  
CITY-ST-ZIP PENSACOLA FL 32514

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE DM ☐ DELETE  
NAME HANCOCK, DOUG  
STREET ADDRESS 617 N 63RD AVE  
CITY-ST-ZIP PENSACOLA FL 32506

6.1 TITLE ☐ Change ☐ Addition  
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.

SIGNATURE

CR2E037 (10/97)