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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000006048 (1)

1. Corporation Name

ATLANTIS INTERNATIONAL FOUNDATION, INC.



Principal Place of Business

Mailing Address

800 EAST OCEAN BLVD., SUITE 244  
STUART FL 34994

900 EAST OCEAN BLVD., SUITE 244  
STUART FL 34994-3595

3. Date Incorporated or Qualified  
12/27/1995

3a. Date of Last Report  
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

☒ Applied For  
☐ Not Applicable

6. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEANE, GREGORY G ESQ.  
900 EAST OCEAN BLVD., SUITE 244  
STUART FL 34994

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME BOOTH, MICHAEL D  
STREET ADDRESS 988 FRANCISCAN AVE.  
CITY-ST-ZIP SEBASTIAN FL 32958

1.1 TITLE PD ☐ Change ☐ Addition  
1.2 NAME MICHAEL D. BOOTH  
1.3 STREET ADDRESS 880 VOCELLE AVE.  
1.4 CITY-ST-ZIP SEBASTIAN FL. 32958

TITLE VD ☒ DELETE  
NAME THOME, VINCENT M  
STREET ADDRESS 117-A ADMIRAL CIRCLE  
CITY-ST-ZIP SEBASTIAN FL 32958

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME JANET M. GRIM  
2.3 STREET ADDRESS 880 VOCELLE AVE.  
2.4 CITY-ST-ZIP SEBASTIAN FL. 32958

TITLE STD ☒ DELETE  
NAME LASSETTER, GARY W II  
STREET ADDRESS P.O. BOX 780472  
CITY-ST-ZIP SEBASTIAN FL 32958

3.1 TITLE STD ☒ Change ☐ Addition  
3.2 NAME ANNIE H. BOOTH  
3.3 STREET ADDRESS 880 VOCELLE AVE.  
3.4 CITY-ST-ZIP SEBASTIAN, FL. 32958

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

CR2E037 (9/96)