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Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000419 (9)

1. Corporation Name

MANGROVE ACTION GROUP, INC.

Principal Place of Business

611 WILLOWWOOD LN
NAPLES FL 33963

Mailing Address

811 WILLOWWOOD LN
NAPLES FL 34108-8516

3. Date Incorporated or Qualified

01/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 7515 PELICAN BAY BLVD.

2a. Mailing Address

26 7515 PELICAN BAY BLVD.

4. FEI Number

31-146355

Applied For

Not Applicable

Suite, Apt. #, etc.

22 APT. 10A

Suite, Apt. #, etc.

27 APT 10A

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23 Naples

City & State

28 Naples

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

Zip

24 34108

Country

25 Collier

Zip

29 34108

Country

30 Collier

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

O'CONNOR, RAYMOND
811 WILLOWWOOD LN
NAPLES FL 33963

11 Name

Desilver, Claire

12 Street Address (P.O. Box Number is Not Acceptable)

7515 Pelican Bay Blvd.

13

APT 10A

14 City

Naples

FL

85

Zip Code 34108

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 Claire Desilver

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

1/16/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP PRESIDENT ☐ DELETENAME DESILVER, CLAIRE
STREET ADDRESS 7515 PELICAN BAY BLVD #10A
CITY-ST-ZIP NAPLES FL 33963 34108

1.1 NAME

DVI Vice-President

☐ Change☒ AdditionTITLE DT TREASURER ☐ DELETENAME O'CONNOR, RAYMOND
STREET ADDRESS 811 WILLOWWOOD LN
CITY-ST-ZIP NAPLES FL 33963 34108

1.2 NAME

PETERSON, MARVIN F.

☐ Change☒ AdditionTITLE DV Vice President ☒ DELETENAME HAMILTON, RICHARD
STREET ADDRESS 7515 PELICAN BAY BLVD #14D
CITY-ST-ZIP NAPLES FL 33963 34108

1.3 STREET ADDRESS

7506 Pelican Bay Blvd. APT 504

☐ Change☒ AdditionTITLE D DIRECTOR-AT-LARGE ☐ DELETENAME LORD, MURIEL
STREET ADDRESS 7515 PELICAN BAY BLVD #19B
CITY-ST-ZIP NAPLES FL 33963 34108

1.4 CITY-ST-ZIP

Naples FL 34108

☐ Change☒ AdditionTITLE DS SECRETARY ☐ DELETENAME POTTER, ALICE K
STREET ADDRESS 6001 PELICAN BAY BLVD
CITY-ST-ZIP NAPLES FL 33963 34108

1.5 NAME

Bontemps, Carl

☐ Change☒ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

1.6 NAME

7515 Pelican Bay Blvd

☐ 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:

MARVIN F. PETERSON

1-16-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0089624

CR2E037 (9/96)