FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600002649 (9)

VOLUSIA SEA TURTLE SOCIETY, INC.

Principal Place of Business Mailing Address					T TO THE COURT OF	ff 80 111 00110 11010 0 4111	DIDIO IDII FRDI
P.O. BOX 2524 NEW SMYRNA BEACH FL 32170		P.O. BOX 2524 NEW SMYRNA BEACH FL 32170-2524					
					3. Date Incorporated or Qualified 05/16/1996	3a. Date of Las	t Report
—	lace of Business	2a. Mailing Address	g Address		4. FEI Number		Applied For
		26	Apt # ato		59-3403117		Not Applicable
22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	1 1	5 Additional Required
City & State		City & State		6. Election Campaign Financing		00 Мау Ве	
23 Zip	Country Zip		Country		Trust Fund Contribution		ed to Fees
24			Country		8. This corporation has tiability for in		rs. 199.032,
24]	9. Name and Address of Curren	1 Registered Agent	30		Florida Statutes 10. Name and Address of New Reg	Yos No	
81 Name							
STODOH	GIEN D						
STORCH, GLEN D 1620 S CLYDE MORRIS BLVD.			82 8	street Addre	ess (P.O. Box Number is Not Acceptab	e)	
SUITE 300			83				-
DAYTONA BEACH FL 32119			84 (City		Tarl 3	- 01-
				•		- J−L I I	ip 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 agont, 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.							
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		OTE: Registered Agent s	ignature require	of when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DIDEOT	CICO IN 10
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/OFFANGES TO OFFIC		
NAME	MARSHALL, MARYE		1.2 NAME			<u></u>	
STREET ADDRESS 1803 N PENINSULA AVE		1.3 STREET AD	DRESS				
CITY-ST-ZIP	AND		1.4 CITY-SI-Z				
TITLE	D DELETE		2.1 TITLE			☐ Chang	e Addition
NAME	DENNIS, CLAUDIA		2.2 NAME				
STREET ADDRESS 309 NORMANDY AVENUE			2.3 STREET ADDRESS				
CITY-ST-ZIP	NEW SMYRNA BEACH FL 3216		2. 4 CITY - ST - 2	ZIP			
TITLE	D	☐ DELETE	3.1 TITLE			☐ Chang	ge 🔲 Addition
NAME DESCRIPTION	LUX, ANDREA		3.2 NAME				
STREET ADDRESS	1 1001 11 1 21 11 100 21 11 12		3.3 STREET ADD				
CITY-ST-ZIP TITLE	NEW SMYRNA BEACH FL 3216 D	DELETE	3.4, CITY-ST-2 4.1 TITLE	ZIP		☐ Chang	e Addition
NAME	DONAHOO, RHONDA		4. 2 NAME				e LJ ADDILION
STREET ADORESS	3842 SANDSTONE COURT		4.3 STREET ADI	DRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 3216	9	4.4 CITY-ST-Z				
TITLE		☐ DELETE	5.1 TITLE			Chang	e Addition
NAME			5.2 NAME	1		•	
STREET ADDRESS			5 3 STREET ADD	DRESS			l
CITY-ST-ZIP			54,CITY-S1-Z	P			i
TITLE		☐ DELETE	61 TITLE			☐ Chang	e Addition
NAME			6.2 NAME				
STREET ADDRESS		•	63 STREET ADD	ORESS			ļ

64/017-St-ZtP

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.