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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002649 (9)**

1. Corporation Name

VOLUSIA SEA TURTLE SOCIETY, INC.



Principal Place of Business P.O. BOX 2524 NEW SMYRNA BEACH FL 32170	Mailing Address P.O. BOX 2524 NEW SMYRNA BEACH FL 32170
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3. Date Incorporated or Qualified

05/16/1996

4. FEI Number

59-3403117

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 340 North Causeway

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 New Smyrna Beach, FL.

28

Zip

Country

Zip

Country

24 32169

25 Volusia

29

30

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

**STORCH, GLEN D
1620 S CLYDE MORRIS BLVD.
SUITE 300
DAYTONA BEACH FL 32119**

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

TITLE ☐ DELETE

**NAME PD
MARSHALL, MARYE
STREET ADDRESS 1803 N PENINSULA AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169**

TITLE ☐ DELETE

**NAME D
DENNIS, CLAUDIA
STREET ADDRESS 309 NORMANDY AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169**

TITLE ☐ DELETE

**NAME D
LUX, ANDREA
STREET ADDRESS 1304 N PENINSULA AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169**

TITLE ☐ DELETE

**NAME D
DONAHOO, RHONDA
STREET ADDRESS 3842 SANDSTONE COURT
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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:

Marye K. Marshall, Marye K. Marshall

4-17-98

904 427-0694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0003396

CR2E037 (10/97)