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Jun 09 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000003385 (9)

1. Corporation Name

THE KEYS ACADEMY OF MARINE SCIENCE, INC.



Principal Place of Business

141 AREGOOD LANE  
ISLAMORADA FL 33036

Mailing Address

141 AREGOOD LANE  
ISLAMORADA FL 33036-3070

3. Date Incorporated or Qualified  
06/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 10320 OVERSEAS HWY

2a. Mailing Address

26 103200 OVERSEAS HWY

4. FEI Number

65-0681106

Applied For

Not Applicable

5. 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

City & State

23 KEY LARGO, FL

City & State

28 KEY LARGO, FL

Zip

24 33037

Country

25 U.S.A.

Zip

29 33037

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

WILKINSON, ROBERT S  
141 AREGOOD LANE  
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name

CONNIE CHAPELL

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

46 MUTINY PL

83

84 City KEY LARGO

FL

85 Zip Code

33037

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 CONNIE CHAPELL

Connie Chapell

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 PD ☒ DELETE

NAME WILKINSON, ROBERT S  
STREET ADDRESS 141 AREGOOD LANE  
CITY-ST-ZIP ISLAMORADA FL 33036

TITLE PD ☐ DELETE

NAME WILKINSON, CLAIRE C  
STREET ADDRESS 141 AREGOOD LANE  
CITY-ST-ZIP ISLAMORADA FL 33036

TITLE STD ☐ DELETE

NAME MARR, MARY  
STREET ADDRESS 204 S AIRPORT RD  
CITY-ST-ZIP TAVERNIER FL 33070

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 P/D ☒ Change ☐ Addition

1.2 NAME CONNIE CHAPELL

1.3 STREET ADDRESS 46 MUTINY PL.

1.4 CITY-ST-ZIP KEY LARGO, FL 33037

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 D ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS DAN McAFEE

4.4 CITY-ST-ZIP 167 FIRST CT

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS JIM INGERS

5.4 CITY-ST-ZIP 103200 OVERSEAS HWY #12

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)