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1998 MAY 11 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moftham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003396 (6)**

1. Corporation Name

**STEWARDS FOR THE SOUTHEAST FLORIDA AQUATIC PRESE
RVES, INC.**

Principal Place of Business

Mailing Address

**1801 S.E. HILLMOOR DR., STE. C-204
PORT ST. LUCIE FL 34952**

**1801 S.E. HILLMOOR DR., STE. C-204
PORT ST. LUCIE FL 34952**

3. Date Incorporated or Qualified

06/25/1996

4. FEI Number

APPLIED FOR

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

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

**ADAMS, PATRICIA L
1801 S.E. HILLMOOR DR., STE. C-204
PORT ST. LUCIE FL 34952**

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, to 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

Patricia Adams
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/14/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **BAKER, RICHARD**
STREET ADDRESS **200 9TH STREET SE**
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE ☐ DELETE

NAME **PROCTOR, BRIAN**
STREET ADDRESS **1801 S.E. HILLMOOR DR., STE. C-204**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE ☐ DELETE

NAME **DAY, ROBERT**
STREET ADDRESS **1900 S. HARBOR CITY BLVD.**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ DELETE

NAME **LANDRUM, RICHARD**
STREET ADDRESS **2846 SW MAPP ROAD**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ DELETE

NAME **SCOTTO, LIBERTA**
STREET ADDRESS **P.O. BOX 1529 N/A**
CITY-ST-ZIP **PALM CITY FL 34991**

TITLE ☐ DELETE

NAME **WEINER, ROBERT**
STREET ADDRESS **510 E. PRIMA VISTA BLVD.**
CITY-ST-ZIP **PORT ST. LUCIE FL**

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

SCC 5-11-98

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 *Patricia Adams*

CR2E037 (1097)

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Form **SS-4**

(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) STEWARDS FOR THE SOUTHEAST FLORIDA AQUATIC PRESERVES, INC.	
	2 Trade name of business (if different from name on line 1) N/A	3 Executor, trustee, "care of" name In Care Of: PATRICIA L. ADAMS
	4a Mailing address (street address) (room, apt., or suite no.) 1801 S.E. HILLMOOR DRIVE, SUITE C-204	5a Business address (if different from address on lines 4a and 4b) (SAME)
	4b City, state, and ZIP code PORT ST. LUCIE, FL 34952	5b City, state, and ZIP code (SAME)
	6 County and state where principal business is located ST. LUCIE COUNTY, FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ► 220-82-2803 BRIAN PROCTOR, ENVIRONMENTAL SPECIALIST I. (DIRECTOR/PRESIDENT)	

8a Type of entity (Check only one box.) (See instructions.)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Plan administrator—SSN
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> REMIC	<input type="checkbox"/> Trust
<input type="checkbox"/> State/local government	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> National Guard	<input type="checkbox"/> Church or church-controlled organization
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ► CITIZENS SUPPORT ORGANIZATION (enter GEN if applicable)	
<input type="checkbox"/> Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State FLORIDA	Foreign country N/A
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9 Reason for applying (Check only one box.)	<input type="checkbox"/> Banking purpose (specify) ►
<input checked="" type="checkbox"/> Started new business (specify) ► NON-PROFIT CITIZENS SUPPORT ORGANIZATION (CSO)	<input type="checkbox"/> Changed type of organization (specify) ►
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (Mo., day, year) (See instructions.) JUNE 25, 1996	11 Closing month of accounting year (See instructions.) JUNE 30
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)	N/A
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)	Nonagricultural N/A	Agricultural N/A	Household N/A
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14 Principal activity (See instructions.) ► NON-PROFIT ENVIRONMENTAL ORGANIZATION - CITIZENS SUPPORT ORGANIZATION
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15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ►		

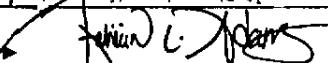
16 To whom are most of the products or services sold? Please check the appropriate box.	<input type="checkbox"/> Business (wholesale)
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►
	<input checked="" type="checkbox"/> N/A

17a Has the applicant ever applied for an identification number for this or any other business?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.		

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	
Legal name ►	Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	
Approximate date when filed (Mo., day, year) City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (Include area code) (561) 871-7662
Name and title (Please type or print clearly) ► (REGISTERED AGENT) PATRICIA L. ADAMS, ENVIRONMENTAL SPECIALIST I.	Fax telephone number (Include area code) (561) 871-7666

Signature ► 	Date ► 5/7/98
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Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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Department of Environmental Protection

Lawton Chiles
Governor

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Virginia B. Wetherell
Secretary

April 13, 1998

Mr. David Mann, Director
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, FL 32314

Dear Mr. Mann:

This letter is to certify that the **Stewards for the Southeast Florida Aquatic Preserves, Inc.** is a duly authorized Citizen Support Organization which is under contract to provide support for the Division of Marine Resources, Department of Environmental Protection, in accordance with section 370.0205, F.S.

Sincerely,

Edwin J. Conklin, Jr., Director
Division of Marine Resources
Department of Environmental Protection

EJC/JB/len
Attachments