

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 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 # N96000005218 (0)

1. Corporation Name

MARINE ANIMAL RESCUE SOCIETY, INC.



Principal Place of Business

Mailing Address

FLORIDA INTERNATIONAL UNIVERSITY
3000 NE 145TH ST
NORTH MIAMI FL 33181-3600

FLORIDA INTERNATIONAL UNIVERSITY
3000 NE 145TH ST
NORTH MIAMI FL 33181-3600

3. Date Incorporated or Qualified

10/07/1996

4. FEI Number

65-0728506

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

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

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

9. Name and Address of Current Registered Agent

29

Name and Address of Current Registered Agent

PELTON, CRAIG A
FLORIDA INTERNATIONAL UNIVERSITY
3000 NE 145TH ST
NORTH MIAMI FL 33181-3600

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

NAME

STREET ADDRESS

CITY - ST - ZIP

DP
PELTON, CRAIG A
1039 NE 82ND TER
MIAMI FL 33138

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV
HADJEZ, CRIS
9591 FOUNTAINBLEAU BLVD #506
MIAMI FL 33172

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DT
STINSON, PABLO
5940 SW 82ND ST
S MIAMI FL 33143

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DS
THOMAS, GREG C
2707 ADAMS MILL RD NW 101
WASHINGTON DC 20009

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Change

☐ Addition

☐ Change

☐ Addition

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:

PABLO STINSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

0033786

CR2E037 (10/97)