

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

APPROVED
AND
FILED

98 NOV -3 PM 3:42

DOCUMENT # N96000005589 (4)

1. Corporation Name

FRIENDS OF THE NATURE COAST MARINE AND ENVIRONME
NTAL SCIENCE CENTER, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

12646 WEST FORT ISLAND TRAIL
CRYSTAL RIVER FL 34429

P.O. BOX 303
INVERNESS FL 34451

3. Date Incorporated or Qualified

10/31/1996

4. FEI Number

65-0758652

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

CUNNINGHAM, KEVIN
2859 NORTH CARL G. ROSE HWY.
HERNANDO FL 34442

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HESS, TIM ☒ DELETE
STREET ADDRESS 509 HIGHLAND AVE
CITY-ST-ZIP INVERNESS FL 34452

1.1 TITLE D VICE PRESIDENT ☐ Change ☒ Addition
1.2 NAME SAM LYONS
1.3 STREET ADDRESS 12646 WEST FORT ISLAND TRAIL
1.4 CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE VD
NAME CUNNINGHAM, KEVIN ☐ DELETE
STREET ADDRESS 2729 N RESTON TERRACE
CITY-ST-ZIP HERNANDO FL 34442

2.1 TITLE TREASURER ☒ Change ☐ Addition
2.2 NAME 800002684568-7
2.3 STREET ADDRESS -11/10/98-01054-023
2.4 CITY-ST-ZIP *****61.25 *****61.25

TITLE D
NAME MISKIMEN, GEORGE ☒ DELETE
STREET ADDRESS P.O. BOX 210 N/A
CITY-ST-ZIP CRYSTAL RIVER FL 34423-0210

3.1 TITLE D VICE PRESIDENT ☐ Change ☒ Addition
3.2 NAME WALTER WYNN
3.3 STREET ADDRESS 12646 WEST FORT ISLAND TRAIL
3.4 CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE SD
NAME BRUZEK, DAVE ☐ DELETE
STREET ADDRESS 15760 W POWERLINE RD
CITY-ST-ZIP CRYSTAL RIVER FL 34428

4.1 TITLE PRESIDENT ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD
NAME ROSE, ANDREW ☒ DELETE
STREET ADDRESS 9909 E LAKE TAHOE DR
CITY-ST-ZIP INVERNESS FL 34450

5.1 TITLE D SECRETARY ☐ Change ☒ Addition
5.2 NAME ANNETTE ROSEMANNA
5.3 STREET ADDRESS 12646 WEST FORT ISLAND TRAIL
5.4 CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE D
NAME PURCELL, PAT ☐ DELETE
STREET ADDRESS 12646 WEST FORT ISLAND TRAIL
CITY-ST-ZIP CRYSTAL RIVER FL 34429

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:

SIGNATURE OF KEVIN CUNNINGHAM, JR. 9/16/98 (352)795-2441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0011985

CR2E037 (5/98)