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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 25, 1999 8:00 am  
Secretary of State

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1. Corporation Name

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

Principal Place of Business

12646 WEST FORT ISLAND TRAIL  
CRYSTAL RIVER FL 34429

Mailing Address

P.O. BOX 303  
INVERNESS FL 34451



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/31/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0758652
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	
24	29	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name THOMAS LEAHY  
82 Street Address (P.O. Box Number is Not Acceptable)  
11596 W. KINGFISHER CT  
83  
84 City CRYSTAL RIVER FL 85 Zip Code 34429

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 THOMAS E. LEAHY 6/24/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	TREASURER
NAME	LYONS, SAM	1.2 NAME	THOMAS E. LEAHY
STREET ADDRESS	12646 WEST FORT ISLAND TRAIL	1.3 STREET ADDRESS	11596 W. KINGFISHER CT
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	1.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34429
TITLE	T	2.1 TITLE	
NAME	CUNNINGHAM, KEVIN	2.2 NAME	
STREET ADDRESS	2729 N RESTON TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL 34442	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	
NAME	WYNN, WALTER	3.2 NAME	
STREET ADDRESS	12646 WEST FORT ISLAND TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	
NAME	BRUZEK, DAVE	4.2 NAME	
STREET ADDRESS	15760 W POWERLINE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	
NAME	ROSEMAN, ANNETTE	5.2 NAME	
STREET ADDRESS	12646 WEST FORT ISLAND TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	5.4 CITY-ST-ZIP	
TITLE	DVP	6.1 TITLE	
NAME	PURCELL, PAT	6.2 NAME	
STREET ADDRESS	12646 WEST FORT ISLAND TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	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, with all other like empowered.

SIGNATURE: THOMAS E. LEAHY 6/24/99 8686644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #