

FILE NOW: FILING FEE IS \$61.25

FILED

May 21 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 # **N96000006131 (4)**

1. Corporation Name

THE CONFEDERATE MARITIME SOCIETY OF FLORIDA INC.



Principal Place of Business 242 N. LITTLE JOHN AVE. INVERNESS FL 34450	Mailing Address 242 N. LITTLE JOHN AVE. INVERNESS FL 34450
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3. Date Incorporated or Qualified 11/26/1996
4. FEI Number 59-3244034
Applied For Not Applicable

2. Principal Place of Business 21 2035 Bayou Grande Bl.	2a. Mailing Address 26 2035 Bayou Grande Bl.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St Pete Fl.	City & State 28 St Pete Fl.
Zip 24 33703	Zip 29 33703
Country 25	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARSHALL, JAMES EDWIN 242 N. LITTLE JOHN AVE. INVERNESS FL 34450	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 2035 Bayou Grande Bl.	
84 St Pete	85 FL 33703

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 **JAMES E. Marshall** **4-29-98**
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 PDT	<input type="checkbox"/> DELETE
NAME MARSHALL, JAMES E.	
STREET ADDRESS 242 N. LITTLE JOHN AVE.	
CITY-ST-ZIP INVERNESS FL 34450	
TITLE DT	<input type="checkbox"/> DELETE
NAME MARSHALL, LYNELL	
STREET ADDRESS 242 N. LITTLE JOHN AVE.	
CITY-ST-ZIP INVERNESS FL 34450	
TITLE DT	<input type="checkbox"/> DELETE
NAME MARSHALL, WILLIAM H.	
STREET ADDRESS 242 N. LITTLE JOHN AVE.	
CITY-ST-ZIP INVERNESS FL 34450	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME MARSHALL, James E.	
1.3 STREET ADDRESS 2035 Bayou Grande Bl.	
1.4 CITY-ST-ZIP St Pete Fl. 33703	
2.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME MARSHALL, LYNELL	
2.3 STREET ADDRESS 2035 Bayou Grande Bl.	
2.4 CITY-ST-ZIP St. Pete Fl. 33703	
3.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME MARSHALL, William H.	
3.3 STREET ADDRESS 2035 Bayou Grande Bl.	
3.4 CITY-ST-ZIP St. Pete Fl. 33703	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **JAMES E. Marshall** **4-29-98**

CR2E037 (1097)