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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90133 014 \*\*\*\*61.25

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1. Corporation Name

THE CONFEDERATE MARITIME SOCIETY OF FLORIDA INC.

Principal Place of Business

2035 BAYOU GRANDE BLVD  
ST PETE FL 33703  
US

Mailing Address

2035 BAYOU GRANDE BLVD  
ST PETE FL 33703  
US



2. Principal Place of Business

21 2881 61st AVE No.

Suite, Apt. #, etc.

22

City & State

23 St. Pete Fl.

Zip

24 33714

Country

25 US.

2a. Mailing Address

26 2881 61st AVE No.

Suite, Apt. #, etc.

27

City & State

28 St. Pete Fl.

Zip

29 33714

Country

30 US.

3. Date Incorporated or Qualified

11/26/1996

4. FEI Number

59-3244034

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

9. Name and Address of Current Registered Agent

MARSHALL, JAMES EDWIN  
2035 BAYOU GRANDE BL  
ST PETE FL 33703

10. Name and Address of New Registered Agent

81 Name

MARSHALL, JAMES EDWIN

82 Street Address (P.O. Box Number is Not Acceptable)

2881 61st AVE No.

83

84 City

St. Pete

FL

85 Zip Code

33714

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

☒ Change

☒ Addition

☐ Change

☐ Addition

☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-99 727 525-8063

Date

Daytime Phone #

CR2E037 (11/98)