


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90337 011 ****61.25

DOCUMENT # N97000004238 1. Entity Name MARINE DISCOVERY CENTER, INC.					
Principal Place of Business MARINE DISCOVERY CENTER 162 N CAUSEWAY NEW SMYRNA BEACH, FL 32169 US			Mailing Address MARINE DISCOVERY CENTER 162 N CAUSEWAY NEW SMYRNA BEACH, FL 32169 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 31-1559356	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STUART, BJ WOOD & STUART, PA 206 FLAGLER AVE NEW SMYRNA BEACH, FL 32619			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMBATA, NELSON		NAME		
STREET ADDRESS	2101 OCEAN DR		STREET ADDRESS		
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32169		CITY - ST - ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACKWOOD, RONALD A		NAME		
STREET ADDRESS	5275 SOUTH ATLANTIC AVE		STREET ADDRESS		
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32169		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLCOTT, CHARLES		NAME		
STREET ADDRESS	2700 N PENINSULA AVE		STREET ADDRESS		
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32169		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YEATON, DIANE		NAME	YEATON, DIANE	
STREET ADDRESS	41 RICHMOND DR		STREET ADDRESS		
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32169		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERDMAN, CHERL		NAME	ERDMAN, CHERI	
STREET ADDRESS	810 E 9TH STREET		STREET ADDRESS		
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32169		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILTON, IRIS PHD		NAME	SEE ATTACHED FOR COMPLETE LIST	
STREET ADDRESS	804 IRON HORSE RD		STREET ADDRESS		
CITY - ST - ZIP	DAYTONA BEACH, FL 32114		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Cheri K. Erdman</i> CHERI K. ERDMAN 4/25/08 386-426-0719					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					