

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90042 007 ****61.25

DOCUMENT # N97000006300 1. Entity Name CHRIST AT THE SEA FOUNDATION, INC.					
Principal Place of Business 13280 4TH STREET, E. SUITE 2 MADEIRA BEACH, FL 33708			Mailing Address 13280 4TH STREET, E. SUITE 2 MADEIRA BEACH, FL 33708		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3463952				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWTON, FR. CASSIAN 13280 4TH STREET, E. SUITE 2 MADEIRA BEACH, FL 33708			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ 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 reconstituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWTON, CASSIAN FR		NAME		
STREET ADDRESS	13280 4TH STREET EAST		STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH, FL 33708		CITY-ST-ZIP		
TITLE	VCD <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FATIDES, GEORGE FR		NAME	VCD	
STREET ADDRESS	3600 76TH STREET N		STREET ADDRESS	FR MICHAEL SOTER	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP	115 17TH ST	
TITLE	SD <input type="checkbox"/> Delete		TITLE	BELEAIR BEACH, FL 33786	
NAME	NEWTON, RUTH ANN		NAME		
STREET ADDRESS	13253 BOCA CIRCA AVE		STREET ADDRESS		
CITY-ST-ZIP	MADIERA BEACH, FL 33708		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOSS, ROBERT		NAME		
STREET ADDRESS	13292 113TH AVE N		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: FR. CASSIAN NEWTON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
727-392-3437 <small>Date 2/27/04 Daytime Phone #</small>					