

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001526

FILED
Mar 25, 2009
Secretary of State

Entity Name: OCEAN RESEARCH AND EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

1300 GALIANO STREET
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1300 GALIANO STREET
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0821403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GINSBURG, ROBERT N
1300 GALIANO STREET
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: GINSBURG, ROBERT N
Address: 1300 GALIANO STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: ADMIRE, JACK G
Address: 2511 PONCE DE LEON BLVD. STE. 320
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: EBERLI, GREGOR
Address: 150 OCEAN LANE DR. 7E
City-St-Zip: KEY BISCAWAYNE, FL 33149

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LANG, JUDITH C
Address: P.O. BOX 539
City-St-Zip: OPHELIA, VA 22530 US

Title: D () Change (X) Addition
Name: MARKS, KEN
Address: 22690 LEMON TREE LANE
City-St-Zip: BOCA RATON, FL 33428 US

Title: D () Change (X) Addition
Name: KRAMER, PATRICIA
Address: 2444 PENSACOLA RD.
City-St-Zip: BIG PINE KEY, FL 33043

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT N. GINSBURG

PT

03/25/2009

Electronic Signature of Signing Officer or Director

Date