

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000003442

1. Entity Name

NORTH FLORIDA MARINE SOCIETY, INC.



Principal Place of Business

C/O BOB MINOTT
109 EAGLES RIDGE DR.
CRAWFORDVILLE, FL 32327-2367 US

Mailing Address

109 EAGLES RIDGE DRIVE
CRAWFORDVILLE, FL 32327-2367 US



03152003 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3590291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COLE, WILLIAM GENE ESQ.
10901 SUMMERTON DR.
RIVERVIEW, FL 33569

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLETCHER, MIKE
STREET ADDRESS	108 EAGLES RIDGE DR.
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327
TITLE	D
NAME	CONRAD, CURT
STREET ADDRESS	8824 CABIN HILL RD
CITY - ST - ZIP	TALLAHASSEE, FL 32311
TITLE	D
NAME	MINOTT, BOB
STREET ADDRESS	109 EAGLES RIDGE DR
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/24/04-80001-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Robert E. Minott

Robert E Minott

5/21/04

850
926-4687