


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90292 024 ****61.25

| | | | | | |
|---|---------------------------------|---|--|---|--|
| 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| | | | | | |
| 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 | |
| COLE, WILLIAM GENE ESQ. 10901 SUMMERTON DR. RIVERVIEW, FL 33569 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FLETCHER, MIKE | | NAME | DAVE TURNER | |
| STREET ADDRESS | 108 EAGLES RIDGE DR. | | STREET ADDRESS | 2109 HARRIET DR | |
| CITY-ST-ZIP | CRAWFORDVILLE, FL 32327 | | CITY-ST-ZIP | TALLAHASSEE FL 32318 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CONRAD, CURT | | NAME | | |
| STREET ADDRESS | 8824 CABIN HILL RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32311 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MINOTT, BOB | | NAME | | |
| STREET ADDRESS | 109 EAGLES RIDGE DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | CRAWFORDVILLE, FL 32327 | | 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: <u>RE Minott</u> <u>ROBERT E MINOTT</u> <u>4/20/05</u> <u>850</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small> | | | | | |