


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00054** (7)

1. Corporation Name

**HURRICANE ISLAND OUTWARD BOUND SCHOOL, CORPORATI
ON**

Principal Place of Business

Mailing Address

P.O. BOX 429
ROCKLAND ME 04841

P.O. BOX 429
ROCKLAND ME 04841-0429



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/29/1983	3a. Date of Last Report 02/07/1996
21		26		4. FEI Number 04-6089174	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	Zip	Country	28	Zip	Country
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MULEY, MICHAEL J.
907 N. GADSDEN ST.
TALLAHASSEE FL 32303**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELSH, JOAN	1.2 NAME	
STREET ADDRESS	MECHANIC STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKLAND ME	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIEME, DONALD	2.2 NAME	
STREET ADDRESS	MECHANIC STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKLAND ME	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, EDWARD M	3.2 NAME	
STREET ADDRESS	MECHANIC STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKLAND ME	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEEVER, DANIEL	4.2 NAME	Scribner, Curtis
STREET ADDRESS	MECHANIC STREET	4.3 STREET ADDRESS	Mechanic Street
CITY - ST - ZIP	ROCKLAND ME	4.4 CITY - ST - ZIP	Rockland, ME
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, ROBERT	5.2 NAME	
STREET ADDRESS	MECHANIC STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKLAND ME	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	500002107775
STREET ADDRESS		6.3 STREET ADDRESS	-03/07/97--01112--001
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***61.25

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/97

Daytime Phone # **0076186**

CR2E037 (9/96)