

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90046 045 \*\*\*\*61.25

**DOCUMENT # P00054**

1. Corporation Name

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

Principal Place of Business

P.O. BOX 429  
ROCKLAND ME 04841

Mailing Address

P.O. BOX 429  
ROCKLAND ME 04841



2. Principal Place of Business

**21 75 Mechanic Street**

Suite, Apt. #, etc.

**22**

City & State

**23 Rockland, ME**

Zip

Country

**24 04841-3513 25 USA**

2a. Mailing Address

**26 75 Mechanic Street**

Suite, Apt. #, etc.

**27**

City & State

**28 Rockland, ME 04841-3513**

Zip

Country

**29 04841-3513 30 USA**

3. Date Incorporated or Qualified

**11/29/1983**

4. FEI Number

**04-6089174**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81** Name

**Muley, Michael J.**

**82** Street Address (P.O. Box Number is Not Acceptable)

**177 Salem Court**

**83**

**84** City

**Tallahassee**

**FL**

**85** Zip Code

**32301**

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

TITLE **P** ☐ DELETE

NAME **WELSH, JOAN**  
STREET ADDRESS **MECHANIC STREET**  
CITY-ST-ZIP **ROCKLAND ME**

TITLE **V** ☐ DELETE

NAME **THIEME, DONALD**  
STREET ADDRESS **MECHANIC STREET**  
CITY-ST-ZIP **ROCKLAND ME**

TITLE **D** ☐ DELETE

NAME **MILLER, EDWARD M**  
STREET ADDRESS **MECHANIC STREET**  
CITY-ST-ZIP **ROCKLAND ME**

TITLE **D** ☒ DELETE

NAME **SCRIBNER, CURTIS**  
STREET ADDRESS **MECHANIC STREET**  
CITY-ST-ZIP **ROCKLAND ME**

TITLE **D** ☐ DELETE

NAME **SMITH, CATHERINE W.**  
STREET ADDRESS **MECHANIC STREET**  
CITY-ST-ZIP **ROCKLAND ME**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/22/99**

Date

**207 554-1401**

Daytime Phone #

CR2E037 (11/98)