


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P00054		
1. Entity Name HURRICANE ISLAND OUTWARD BOUND SCHOOL, CORPORATION		

Principal Place of Business 75 MECHANIC ST ROCKLAND, ME 04841 US	Mailing Address 75 MECHANIC ST ROCKLAND, ME 04841 US
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01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-6089174	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BATES, MARGARET W 177 SALEM COURT TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000111757
04/13/04-80033-001 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TODD, GALEN MECHANIC STREET ROCKLAND, ME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THIEME, DONALD MECHANIC STREET ROCKLAND, ME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRASER, DOD MECHANIC STREET ROCKLAND, ME 04841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRISCH, RICHARD W MECHANIC STREET ROCKLAND, ME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARSON, ARTHUR N MECHANIC STREET ROCKLAND, ME 04841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(b), 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:

Donald Thieme

Date

4/6/04 1-207-594-1401

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR