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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P38074** **(1)**

1. Corporation Name

CENTER FOR MARINE CONSERVATION, INC.

Principal Place of Business	Mailing Address
1725 DESALES ST., NW SUITE 308 600 WASHINGTON DC 20036 US	1725 DESALES ST., NW SUITE 308 600 WASHINGTON DC 20036-4408 US

3. Date Incorporated or Qualified: **03/26/1992**
3a. Date of Last Report: **03/18/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22 Suite 600
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27 Suite 600
City & State
28
Zip
29
Country
30

4. FEI Number: **23-7245152** ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PEEL, ELLEN
ONE BEACH DR. SE, SUITE 304
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: Gerald M. Leonard
82 Street Address (P.O. Box Number is Not Acceptable): One Beach Drive SE, Suite 304
83
84 City: St. Petersburg, FL 85 Zip Code: 33701

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] 3/28/97
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	DV	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BOHLEN, CURTIS E.U.		1.2 NAME	
STREET ADDRESS	4710 QUEBEC STREET, NW		1.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20016		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, WILLIAM Y DR		2.2 NAME	
STREET ADDRESS	6024 ONONDAGA ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20816		2.4 CITY-ST-ZIP	
TITLE	DC	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MAJERUS, CECILY		3.2 NAME	
STREET ADDRESS	683 SANTA MARIA LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIDSONVILLE MD 21035		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: Edythe B. Kebbeler Vice President, Finance & Admin. 3/19/97 242-429-6609
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone # 0075196

EDYTHE B. KEBBELER