2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State
03-02-2004 90006 045 ****61.25

DOCUMENT # P38074

1. Entity Name
THE OCEAN CONSERVANCY, INC.

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

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02242004 No Chg-NP CR2E037 (10/03)

4. FEI Number
23-7245152

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, DAVID
449 CENTRAL AVE.
SUITE 200
ST PETERSBURG, FL 33701

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOHLEN, JANET T
STREET ADDRESS	4710 QUEBEC STREET, NW
CITY-ST-ZIP	WASHINGTON, DC 20016
TITLE	VC
NAME	GRESH, PHILIP M.
STREET ADDRESS	3600 WEST LAKE AVE.
CITY-ST-ZIP	GLENVIEW, IL 60025
TITLE	D
NAME	JAMES, FERMAN
STREET ADDRESS	1300 W KENNEDY BLVD
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	DS
NAME	SCANLAN, PHILLIP
STREET ADDRESS	1832 VILLAFE CT
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	C
NAME	MARTIN, SUSAN
STREET ADDRESS	ONE 5TH AVE., APT. 20C
CITY-ST-ZIP	NEW YORK, NY 10003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Thomas F. Tepper, Jr. 2/26/04 (202)429-5609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #