


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N21646	
1. Entity Name NATIONAL SAVE THE SEA TURTLE FOUNDATION, INC.	

Principal Place of Business 4419 W. TRADEWINDS AVE FT. LAUDERDALE, FL 33308 US	Mailing Address 4419 W. TRADEWINDS AVE FT. LAUDERDALE, FL 33308 US
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01212004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2828707	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

WOJACK, FRANK P
 3617 NE 23 AVE.
 FT. LAUDERDALE, FL 33308

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000057910 02/20/04-80008-014 70.00
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WOJACK, FRANK P
STREET ADDRESS	3617 NE 23 AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	D
NAME	YOUNG, JOHN
STREET ADDRESS	2301 SE 17 ST.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	C
NAME	NELSON, JAN
STREET ADDRESS	4701 N. FEDERAL HWY.
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	D
NAME	WOJACK, JUDITH A
STREET ADDRESS	3617 NE 23RD AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:  DATE: 2/13/04 DAYTIME PHONE #: (954) 351-9333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR