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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P38074** (1)

1. Corporation Name

CENTER FOR MARINE CONSERVATION, INC.



Principal Place of Business 1725 DESALES ST., NW SUITE 600 WASHINGTON DC 20036 US	Mailing Address 1725 DESALES ST., NW SUITE 600 WASHINGTON DC 20036-4408 US
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3. Date Incorporated or Qualified 03/26/1992	3a. Date of Last Report 03/18/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite 600	Suite, Apt. #, etc. 27 Suite 600
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 23-7245152	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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]* DATE: **3/28/97**

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	BOHLEN, CURTIS E.U.	
STREET ADDRESS	4710 QUEBEC STREET, NW	
CITY-ST-ZIP	WASHINGTON DC 20016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, WILLIAM Y DR	
STREET ADDRESS	6024 ONONDAGA ROAD	
CITY-ST-ZIP	BETHESDA MD 20816	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	MAJERUS, CECILY	
STREET ADDRESS	663 SANTA MARIA LANE	
CITY-ST-ZIP	DAVIDSONVILLE MD 21035	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *[Signature]* DATE: **3/19/97** DAYTIME PHONE: **202-429-5609**

CR2E037 (9/96)