


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 722141**

1. Entity Name  
 TAMPA MARINE INSTITUTE, INC.



Principal Place of Business  
 2015 GUY N VERGER BLVD.  
 TAMPA, FL 33605

Mailing Address  
 ASSOCIATED MARINE INSTITUTES  
 5915 BENJAMIN CENTER DRIVE  
 TAMPA, FL 33634

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7155996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent

HULL, DAVID J  
 SMITH, HULSEY & BUSEY  
 225 WATER STREET, STE. 1800  
 JACKSONVILLE, FL 32202

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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 signatures 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 NAME STREET ADDRESS CITY-ST-ZIP	D STANDER, OB 5915 BENJAMIN CENTER DR TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AYALA, DE H 501 E. KENNEDY BLVD. #1410 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERMAN, THOMAS S 5210 INTERBAY #7 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLY, STEPHEN B 1715 N WESTSHORE BLVD #5 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ARRINGTON, JOHN 3301 ALUMNI DR. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, JIM 1002 FRANKLAND RD. TAMPA, FL 33629

000000023200  
 02/02/04-80016-014 61.25

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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)(f), 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: OB Stander OB Stander 1/15/04 813-887-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #