2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #725470



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04-18-2005 90298 050 ****61.25

JACKSONVILLE MARINE INSTITUTE, INC.							
JACKSONVILLE MARINE INSTITUTE 13375 BCH BLVD 5		Mailing Address ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634				34 M - 7	
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2. Principal Place of Business 3. M). Mailing Address			1881 1111 1111 1111 1111 1111 1111 111	ŽIBN JESTA BUDO BIBN ŽIBNI	jîn êr fêyn
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292005	Chg-NP C	R2E037 (10/03)	
City & State		City & State		4. FEI Number 59-1447		→ → · · ·	plied For Applicable
Zip	Country	Zip	Country	5. Certificate of	of Status Desired [□ \$8.75 Addi Fee Required	
	6. Name and Address of Current R		7. Name and	Address of New Regis	tered Agent		
THE DATE I			Name				
HULL, DAVID J SMITH, HUSLEY & BUSEY		.	Street Ac	ddress (P.O. Box Number	r is Not Acceptable)		
	R STREET, STE 1800 TO THE STREET, STE 1800 TO THE STREET, STE 1800 TO THE STREET, STEET STEET STEET STEET STEET					·	
			City			FL Zip Code	•
The above named entity submits this statement for the purpose of changing its registered				registered agent, or both	, in the State of Florida	, I am familiar with,	and accept
	ions of registered agent.						
		_					
SIGNATURE .	Signature, typed or printed name of registered agent an	id title if applicable. (NOTE: R	Registered Agent signatu	ure required when reinstating)		DATE	
							1
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	9	check payable to Department of St	
10.	-	Trust Fund Cor		Added to Fees	9	Department of St	ate
TITLE	OFFICERS AND DIRE	Trust Fund Cor	ntribution. 11. TITLE	ADDITIONS/CHA	Florida	Department of St	ate
TITLE NAME	OFFICERS AND DIRE TD WILLIAMS, MIKE	Trust Fund Col	ntribution. 11. TITLE NAME	ADDITIONS/CHA Dee, Andy	Florida INGES TO OFFICERS A	Department of St	10
TITLE	OFFICERS AND DIRE	Trust Fund Col	ntribution. 11. TITLE	ADDITIONS/CHA Dee, Andy 1441 Land	Florida NGES TO OFFICERS A On Ave.	Department of St. AND DIRECTORS IN Change	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRE TD WILLIAMS, MIKE 210 COPELAND ST JACKSONVILLE, FL 32203 T	Trust Fund Col	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees ADDITIONS/CHA Dee, Andy 1441 Lanch JACKSONVIII	Florida NGES TO OFFICERS A On AVE, e, FL 3220	Department of St. AND DIRECTORS IN Change	10
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I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 impowered 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #