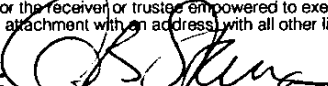


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90024 043 ****61.25

DOCUMENT # 725470 1. Entity Name JACKSONVILLE MARINE INSTITUTE, INC.					
Principal Place of Business JACKSONVILLE MARINE INSTITUTE 13375 BCH BLVD JACKSONVILLE, FL 32246			Mailing Address ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1447527	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HULL, DAVID J SMITH, HUSLEY & BUSEY 225 WATER STREET, STE 1800 JACKSONVILLE, FL 32202				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD ☐ Delete	TITLE	VP/S ☐ Change ☒ Addition		
NAME	WILLIAMS, MIKE	NAME	RON PATRICK		
STREET ADDRESS	6922 MADRID AVE	STREET ADDRESS	50 N. LAURA ST. # 3700		
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP	JACKSONVILLE, FL 32202		
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	HEDGE, RONALD	NAME			
STREET ADDRESS	4419 ORTEGA ARMS CIR	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP			
TITLE	C ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	JACKSON, DARRYL	NAME			
STREET ADDRESS	101 E UNION STREET, STE 400	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32202	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	WILSON, CHARLIE	NAME			
STREET ADDRESS	1 INDEPENDENT DR STE 2901	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32202	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	STANDER, O B	NAME			
STREET ADDRESS	5915 BENJAMIN CENTER DRIVE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	LEARCH, SHARON S	NAME			
STREET ADDRESS	1807 N 3RD	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		8/5/08		813-887-3300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	