2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# 725470

Entity Name: JACKSONVILLE MARINE INSTITUTE, INC.

Current Principal Place of Business:

JACKSONVILLE MARINE INSTITUTE
13375 BCH BLVD
JACKSONVILLE, FL 32246

New Principal Place of Business:

JACKSONVILLE MARINE INSTITUTE
7801 LONE STAR ROAD ROOM #15
JACKSONVILLE, FL 32211

Current Mailing Address:

ASSOCIATED MARINE INSTITUTES
5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-1447527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HULL, DAVID J
SMITH, HUSLEY & BUSEY
225 WATER STREET, STE 1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____ 02/25/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: WILLIAMS, MIKE
Address: 6922 MADRID AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: P ( ) Delete
Name: HEDGE, RONALD
Address: 4419 ORTEGA ARMS CIR
City-St-Zip: JACKSONVILLE, FL 32210

Title: C ( ) Delete
Name: JACKSON, DARRYL
Address: 101 E UNION STREET, STE 400
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: WILSON, CHARLIE
Address: 1 INDEPENDENT DR STE 2901
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: STANDER, O B
Address: 5915 BENJAMIN CENTER DRIVE
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete
Name: LEARCH, SHARON S
Address: 1807 N 3RD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: HEDGE, RONALD
Address: 4419 ORTEGA FARMS CIRCLE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP (X) Change ( ) Addition
Name: PATRICK, RON
Address: 50 NORTH LAURA STREET, STE 3700
City-St-Zip: JACKSONVILLE, FL 32202

Title: T (X) Change ( ) Addition
Name: WILLIAMS, MIKE
Address: 6922 MADRID AVENUE
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Change ( ) Addition
Name: BARTON, DAVID
Address: 1604 MARGARET STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change ( ) Addition
Name: STANDER, O. B
Address: 5915 BENJAMIN CENTER DRIVE
City-St-Zip: TAMPA, FL 33634

Title: D (X) Change ( ) Addition
Name: LEARCH, SHARON S
Address: 510 S. THIRD STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: O.B. STANDER D 02/25/2009
Electronic Signature of Signing Officer or Director — Date