

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725470

FILED
Mar 10, 2010
Secretary of State

Entity Name: AMIKIDS/JACKSONVILLE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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, HULSEY & BUSEY
225 WATER STREET, STE 1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: HEDGE, RONALD
Address: 4419 ORTEGA FARMS CIRCLE
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: T
Name: WILLIAMS, MIKE
Address: 6922 MADRID AVENUE
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: BARTON, DAVID
Address: 1604 MARGARET STREET
City-St-Zip: JACKSONVILLE, FL 32204

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

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

I hereby 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 all other like empowered.

SIGNATURE: O.B. STANDER

D

03/10/2010

Electronic Signature of Signing Officer or Director

Date