


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

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90009 030 \*\*\*\*61.25

<b>DOCUMENT # N41781</b>					
1. Entity Name ORLANDO MARINE INSTITUTE, INC.					
Principal Place of Business 1461 LAKE PLEASANT ROAD APOPKA, FL 32703			Mailing Address ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DR TAMPA, FL 33634		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3045041</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HULL, DAVID J SMITH, HULSEY, & BUSEY 225 WATER STREET, STE. 1800 JACKSONVILLE, FL 32202			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		<b>FL</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, MATTHEW S		NAME	Dallas, Brenda	
STREET ADDRESS	225 S ORANGE AVE		STREET ADDRESS	255 S. Orange Ave.	
CITY-ST-ZIP	ORLANDO, FL 32802		CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLEGRINI, LINDA		NAME		
STREET ADDRESS	5728 MAJOR BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, ROBERT J		NAME		
STREET ADDRESS	2600 LAKE LUCIEN DR STE 100		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 327517234		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANDER, O B		NAME		
STREET ADDRESS	5915 BENJAMIN CTR DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, SIMON		NAME		
STREET ADDRESS	1675 BUENA VISTA DR STE 305		STREET ADDRESS		
CITY-ST-ZIP	LAKE BUENA VISTA, FL 328301000		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>OB Stander</i>		<i>OB Stander</i>		<i>1/15/04</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	
				<i>813-887-3300</i>	