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FILE NOW: FILING FEE IS \$61.25

NONPROFIT



FLORIDA DEPARTMENT OF STATE

ANNUA	CORPORATION ANNUAL REPORT 1996		Secret	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				•			
DOCUM 1. Corporation N	1ENT #	N45920	(8)								
•		ine institutes	FOUNDATION, INC).							
Principal Place of	of Business		Mailing Address				1 14011141 0	i 61661 41115 16114 11611 A	107, 01911 01211 211	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
FSU LAW SCH CAWTHON HO	DUSE		P.O. BOX 1658 TALLAHASSEE FL 323	302-1658							
TALLAHASSEE	FL 32302						3. Date Incorpor 11/06/		3a. Date o 05	f Last Re /01/19 5	роп 95
2. Principal Plac	on of Punipage		2a. Mailing Address				4. FEI Number		1		plied For
2. Principal Plac	ce of prizitiess		26				59-309	5734			t Applicable
Suite, Apt. #	, etc.		Suite, Apt. #, etc.				5. Certificate of	Status Desired		Fee Re	
City & State			City & State	·			6. Election Cam Trust Fund C	-		\$5.00 Added 1	May Be to Fees
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24	25		29	30			Florida Statut	es ddress of New Re	Yes No		
	9. Name an	d Address of Current	Registered Agent		31	Name	10. Name and A	datess of New Ne	Algrenen who		
				١							
HULL, DAVID J			8	32	Street Add	dress (P.O. Box Numb	er is Not Acceptable	3)			
227 SOUTH CALHOUN TALLAHASSEE FL 32302		1	33								
TALLAH	ASSEE PL 32	302		-	84	City			[8	35 Zip	Code
1						-			FL		-internal office
			and 617.1508, Florida Stati a. Such change was author in 617.0503, Florida Statuti		e-na orpod	med corp ration's bo	oration submits this st pard of directors. I here	atement for the purp by accept the appoi	ose of changi intraent as reg	ng its req jistered a	gistered blilde igent. I am
SIGNATURE _			ad title if people size 0	NOTE: Begislered A	Agent :	signature regu	ered when reinstating)		CIATE		
12.	Signature, typed or p	rinted name of registered again a OFFICERS AND	na rac ray sacco	13.	-		ADDiTIONS/	CHANGES 10 OFFI			RS IN 12
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CITY-ST-ZIP

14. I do hereby certify that the information supplied with it certify that the information of the propagation appears in Block 12 or Block 13 if challed, or as an appear. 64 CITY-ST-ZIP with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further all report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ration or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name has a state of the same required by Chapter 617, Florida Statutes.

6 3 STREET ADDRESS

SIGNATURE

4-17-96

Associated Marine Institutes Foundation Document N45920 (8)

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