


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

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

02-02-2004 90008 032 ****61.25

DOCUMENT # N45920

1. Entity Name
ASSOCIATED MARINE INSTITUTES FOUNDATION, INC.



Principal Place of Business 2507 CALLAWAY ROAD SUITE 102 TALLAHASSEE, FL 32303 US	Mailing Address 5915 BENJAMIN CENTER DR. ASSOCIATED MARINE INSTITUTE TAMPA, FL 33634 US
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04000518

DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3525382	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HULL, DAVID J
225 WATER STREET, STE. 1800
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

B. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HARVEY, BRANTLEY JR. POST OFFICE DRAWER 1107 BEAUFORT, SC 29901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEAVER, ROBERT S 5915 BENJAMIN CENTER DR. TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIFFIN, WILLIAM 5915 BENJAMIN CENTER DR. TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLAR, NICK 2507 CALLAWAY RD., SUITE 102 TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *OB Stander* **OB Stander** 1/15/04 813-887-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #