


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90010 033 \*\*\*\*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	
2. Principal Place of Business <del>2507 CALLAWAY ROAD</del> 12022 SANDY BLVD		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State	
Zip 33702		Country U.S.	
4. FEI Number 59-3525382		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HULL, DAVID J 225 WATER STREET, STE. 1800 JACKSONVILLE, FL 32202		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS:		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	THOMPSON, DANIEL J. <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2150 WRIGHTS MICC CR	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30224	CITY-ST-ZIP	
TITLE	WEAVER, ROBERT S <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5915 BENJAMIN CENTER DR.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	THOMAS, Newton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5915 BENJAMIN CENTER DR.	STREET ADDRESS	8183 EL Cajon DR.
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	BATON Rouge, LA 70815
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	
STREET ADDRESS	2507 CALLAWAY RD., SUITE 102	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	
TITLE		TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 exemptions contained 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 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: <u>OB Stana</u>		Date: <u>1/20/06</u> Daytime Phone #: <u>812-587-3300</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

40016742

