

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 13, 2004
Secretary of State**

DOCUMENT# N99000000459

Entity Name: COASTAL OPERATIONS INSTITUTE, INC.

Current Principal Place of Business:

6703 W. HWY. 98
PANAMA CITY, FL 324077001

New Principal Place of Business:

6703 W. HWY. 98
BLDG 469
PANAMA CITY, FL 32407

Current Mailing Address:

PO BOX 32069
PANAMA CITY, FL 324077001

New Mailing Address:

PO BOX 32069
PANAMA CITY, FL 32407

FEI Number: 59-3573554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COVERT, HAROLD D
P.O. BOX 32069
PANAMA CITY, FL 324077001

Name and Address of New Registered Agent:

COVERT, HAROLD D
P.O. BOX 32069
PANAMA CITY, FL 32407

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: _____ Date: 01/13/2004
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRATTON, JIMMIE L
Address: 4300 SAN MATEO BLVD., NE, STE.A-220
City-St-Zip: ALBUQUERQUE, NM 87110

Title: C () Delete
Name: DANTZLER, LARRY N
Address: 3000 S. HWY 77
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: MCSPADDEN, ROBERT PH.D
Address: 5230 WEST HWY. 98
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: ARNOLD, LARRY MAJGEN
Address: 3705 RIVERWOOD COURT
City-St-Zip: ALEXANDRIA, VA 22309

Title: M () Delete
Name: COVERT, HAROLD D
Address: P.O. BOX 32069
City-St-Zip: PANAMA CITY, FL 32407

Title: D () Delete
Name: WRIGHT, EDWARD PH.D
Address: 4750 COLLEGIATE DRIVE
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ARTMAN, DAVID H
Address: 430 WEST 5TH ST
City-St-Zip: PANAMA CITY, FL 32401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: COVERT, HAROLD D
Address: P.O. BOX 32069
City-St-Zip: PANAMA CITY, FL 32407

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: HAROLD D. COVERT S/T 01/13/2004
Electronic Signature of Signing Officer or Director Date