


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000000459
 1. Entity Name
COASTAL OPERATIONS INSTITUTE, INC.



Principal Place of Business Mailing Address
 6703 W. HWY. 98 PO BOX 32069
 BLDG 469 PANAMA CITY, FL 32407
 PANAMA CITY, FL 32407



04202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3573554 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 COVERT, HAROLD D
 P.O. BOX 32069
 PANAMA CITY, FL 32407

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ARTMAN, DAVID H
STREET ADDRESS	430 WEST 5TH ST
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	C
NAME	DANTZLER, LARRY N
STREET ADDRESS	3000 S. HWY 77
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D
NAME	MCSPADDEN, ROBERT PH.D
STREET ADDRESS	5230 WEST HWY. 98
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	ARNOLD, LARRY MAJGEN
STREET ADDRESS	3705 RIVERWOOD COURT
CITY-ST-ZIP	ALEXANDRIA, VA 22309
TITLE	S/T
NAME	COVERT, HAROLD D
STREET ADDRESS	P.O. BOX 32069
CITY-ST-ZIP	PANAMA CITY, FL 32407
TITLE	D
NAME	WRIGHT, EDWARD PH.D
STREET ADDRESS	4750 COLLEGIATE DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32405

1100000328561
 04/25/05-80093-009 61.25

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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: *Harold D. Covert* Harold D. Covert April 20, 2005 850-527-2377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #