

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000000649

Entity Name: AMIKIDS MARITIME ACADEMY, INC.**Current Principal Place of Business:**200 EAST BEACH DRIVE
PANAMA CITY, FL 32401**Current Mailing Address:**P.O. BOX 268
PANAMA CITY, FL 32402 UN**FEI Number: 88-0556695****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HULL, DAVID J
ONE INDEPENDENT DRIVE
SUITE 3300
JACKSONVILLE, FL 32202 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	ANDERSON, LAVOY
Address	200 E. BEACH DRIVE
City-State-Zip:	PANAMA CITY 32401

Title	DIRECTOR
Name	VIRGINIA, WHITE
Address	200 E. BEACH DRIVE
City-State-Zip:	PANAMA CITY FL 32401

Title	DIRECTOR
Name	EVE, VANKLEY
Address	200 E. BEACH DRIVE
City-State-Zip:	PANAMA CITY 32401

Title	VC
Name	SCOON, CECILE
Address	200 E. BEACH DRIVE
City-State-Zip:	PANAMA CITY 32401

Title	DIRECTOR
Name	MICHAEL, THORNTON A
Address	5915 BENJAMIN CENTER DRIVE
City-State-Zip:	TAMPA FL 33634

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL A THORNTON**DIRECTOR****04/17/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date