
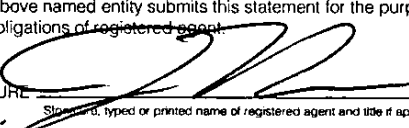
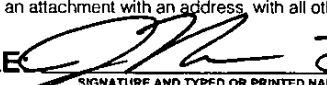


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 704353 1. Entity Name GULFPORT MARINE TRAINING & RESCUE GROUP, INC.						<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> FILED 08 AUG 19 PM 3:59 CLERK OF STATE TALLAHASSEE, FLORIDA </div>																															
Principal Place of Business 3120 MIRIAM ST. SO. GULFPORT FLA, 33711				Mailing Address 6480 EMERSON AVE S ST. PETERSBURG, FL 33707 US																																	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address 4768 BAYWOOD PT. DR. So.																																	
Suite, Apt. #, etc.				Suite, Apt. #, etc.																																	
City & State GULFPORT FL				4. FEI Number 59-3249861																																	
Zip 33711				Country US																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																																	
6. Name and Address of Current Registered Agent EGGERT, EDWIN C JR 6480 EMERSON AVE S ST PETERSBURG, FL 33707				7. Name and Address of New Registered Agent Name JAMES NEWMAN Street Address (P.O. Box Number is Not Acceptable) 4768 BAYWOOD PT. DR. So. City GULFPORT FL 33711																																	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> JAMES NEWMAN DP 727-322-1505 </div> <div style="width: 30%; text-align: right;"> 8/13/08 <small>DATE</small> </div> </div>																																					
Amended AR is \$61.25				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																																	
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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  JAMES NEWMAN DP 8/13/08 727-322-1505 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					