

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704353

FILED
Jan 12, 2009
Secretary of State

Entity Name: GULFPORT MARINE TRAINING & RESCUE GROUP, INC.

Current Principal Place of Business:

3120 MIRIAM ST.SO.
GULFPORT FLA, 33711

New Principal Place of Business:

3120 MIRIAM ST.SO.
GULFPORT, FL 33711 US

Current Mailing Address:

4768 BAYWOOD PT. DR. SO.
GULFPORT, FL 33711 US

New Mailing Address:

FEI Number: 59-3249861 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NEWMAN, JAMES
4768 BAYWOOD PT. DR. SO.
GULFPORT, FL 33711 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NEWMAN, JAMES
Address: 4768 BAYWOOD POINT DR S
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: DT () Delete
Name: MCCOY, REBECCA
Address: 4768 BAYWOOD PT. DR. SO.
City-St-Zip: GULFPORT, FL 33711

Title: D (X) Delete
Name: NICKERSON, NORMAN E
Address: P O BOX 7237
City-St-Zip: ST PETERSBURG, FL 337347237

Title: DV () Delete
Name: TRINQUE, ARTHUR
Address: 2818 46TH ST. S.
City-St-Zip: GULFPORT, FL 33711

Title: D () Delete
Name: MCLAUGHLIN, FRAN
Address: 4752 BAYWOOD PT. DR. SO.
City-St-Zip: GULFPORT, FL 33711

Title: DS () Delete
Name: MCLAUGHLIN, LISSA
Address: 4752 BAYWOOD PT. DR. SO.
City-St-Zip: GULFPORT, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: NEWMAN, JAMES
Address: 4768 BAYWOOD POINT DR S
City-St-Zip: GULFPORT, FL 33711

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES NEWMAN

DP

01/12/2009

Electronic Signature of Signing Officer or Director

Date