


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 715234
 1. Entity Name
SEAFARING COLLEGE, INC.



Principal Place of Business Mailing Address
 1819 GLENGARY STREET POST OFFICE BOX 4009
 SARASOTA, FL 34231 SARASOTA, FL 34230

DO NOT WRITE IN THIS SPACE



02022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6214460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRAWICK, HENRY P JR.
 2033 WOOD STREET
 SUITE 218
 SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD NOBLE, BECKY 1819 GLENGARY STREET SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALSTEAD, HEATHER 1819 GLENGARY STREET SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUTTRIDGE, ALAN 1819 GLENGARY STREET SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN0000628314
 02/16/07-80031-024 61.25

DO NOT WRITE IN THIS SPACE

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: *Becky A. Noble* 2/6/07 941-924-6789
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BECKY NOBLE, AS PRESIDENT