

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90335 018 ****61.25

DOCUMENT # 724685

1. Entity Name
PINELLAS MARINE INSTITUTE, INC.



Principal Place of Business
**3101 GULF BLVD
ST. PETERSBURG BEACH, FL 33706-4069**

Mailing Address
**ASSOCIATED MARINE INSTITUTES
5915 BENJAMIN CENTER DR
TAMPA, FL 33634**

40064210



03192007 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7228523

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HULL, DAVID J
SMITH, HULSEY AND BUSEY
225 WATER STREET, SUITE 1800
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STANDER, O B	
STREET ADDRESS	5915 BENJAMIN CENTER DR	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LETTELEIR, MARK	
STREET ADDRESS	9455 KOGER BLVD	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LETTELEIR, JOE	
STREET ADDRESS	P.O. BOX 385	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33731	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MELLENEY, HERB	
STREET ADDRESS	301 2ND ST. N #17	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	IRIONS, DARRYL	
STREET ADDRESS	270 TIMBERLAND CT	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim Nelson	
STREET ADDRESS	246 S. Teffier Dr.	
CITY-ST-ZIP	St. Pete Beach, FL 33706	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Dodge	
STREET ADDRESS	3000 Bayport Dr, #500	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/07

Date

813-887-3300

Daytime Phone