

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724685

FILED
Mar 10, 2010
Secretary of State

Entity Name: AMIKIDS PINELLAS, INC.

Current Principal Place of Business:

3101 GULF BLVD
ST. PETERSBURG BEACH, FL 33706

New Principal Place of Business:

Current Mailing Address:

ASSOCIATED MARINE INSTITUTES
5915 BENJAMIN CENTER DR
TAMPA, FL 33634

New Mailing Address:

FEI Number: 23-7228523 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HULL, DAVID J
SMITH, HULSEY AND BUSEY
225 WATER STREET, SUITE 1800
JACKSONVILLE, FL 32202 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: C
Name: CURLEY, GERARD
Address: PO BOX 47575
City-St-Zip: ST. PETERSBURG, FL 33743

Title: D
Name: DODGE, LISA
Address: 3000 BAYPORT DRIVE, SUITE 500
City-St-Zip: TAMPA, FL 33607

Title: D
Name: LETTELLEIR, JOSEPH T
Address: 452 DATE PALM COURT N.E.
City-St-Zip: ST. PETERSBURG, FL 33503

Title: D
Name: LETTELLEIR, MARK P
Address: 9455 KOGER BLVD., SUITE 200
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D
Name: STANDER, O.B.
Address: 5915 BENJAMIN CENTER DRIVE
City-St-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: O.B. STANDER

D

03/10/2010

Electronic Signature of Signing Officer or Director

Date