

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755244

FILED  
Jan 13, 2007  
Secretary of State

Entity Name: NATIONAL CAPTAIN'S INSTITUTE, INC.

**Current Principal Place of Business:**

11025 3RD STREET EAST  
TREASURE ISLAND, FL 33706 US

**New Principal Place of Business:**

**Current Mailing Address:**

11025 3RD STREET EAST  
TREASURE ISLAND, FL 33706 US

**New Mailing Address:**

FEI Number: 59-2066593      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ARNOLD, ROBERT L.  
11025 3RD STREET EAST  
TREASURE ISLAND, FL 33706 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: PD ( ) Delete  
Name: ARNOLD, ROBERT L.  
Address: 11025 3RD STREET EAST  
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: STD ( ) Delete  
Name: ARNOLD, DIANE K.  
Address: 11025 3RD ST EAST  
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: VD ( ) Delete  
Name: ARNOLD, TERRY R.  
Address: 4839 20TH AVE N  
City-St-Zip: ST PETERSBURG, FL 33710 US

Title: VD ( ) Delete  
Name: WHIDDEN, CHERYL.  
Address: 606 JOHN THOMAS AVE.  
City-St-Zip: DELAND, FL 32724 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: VD (X) Change ( ) Addition  
Name: HUNT, CHERYL L.  
Address: 606 JOHN THOMAS AVE.  
City-St-Zip: DELAND, FL 32724 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT L. ARNOLD

PD

01/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date