

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755244

FILED
Apr 19, 2009
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 ()

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: HUNT, CHERYL L
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: () 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: ROBERT L. ARNOLD

PD

04/19/2009

Electronic Signature of Signing Officer or Director

Date