

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000001619

1. Entity Name
THE INSTITUTE OF MARINE ARCHAEOLOGICAL
CONSERVATION, INC.



Principal Place of Business
200 GREENE ST.
KEY WEST, FL

Mailing Address
200 GREENE ST.
KEY WEST, FL



04282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1086147

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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IN THIS SPACE

CLYNE, PAT
200 GREENE STREET
KEY WEST, FL 33040

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, 2004

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	D CLYNE, PATRICK J 200 GREENE ST. KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, A. EUGENE 216 W. COLLEGE AVE., STE. 201 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABT, TAFFI FISH 1322 U.S. HWY. 1 SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINCLAIR, JIM 9881 E. BAY HARBOR DR., APT. 3-E BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/30/04-80001-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/28/04

Date

305-296-6533

Daytime Phone #