2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N01000001062

Entity Name: BLUEWATER MARITIME SCHOOL, INC.

Current Principal Place of Business:

6814 N. MAIN ST.
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

6814 N. MAIN ST.
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-3699176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRANSON, BASCOMB E
5139 GLENWOOD AVE.
JACKSONVILLE, FL 32205 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: D ( ) Delete
Name: BRANSON, BASCOMB E
Address: 5139 GLENWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: S ( ) Delete
Name: RAY, REGINA
Address: 6814 N MAIN ST
City-St-Zip: JACKSONVILLE, FL 32208

Title: V ( ) Delete
Name: ANDERSON, TINA
Address: 5139 GLENWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: T ( ) Delete
Name: DRAPER, SHEILA
Address: 6814 N MAIN ST
City-St-Zip: JACKSONVILLE, FL 32208

Title: T ( ) Delete
Name: WHITAKER, JOSEPH
Address: 6814 N. MAIN ST.
City-St-Zip: JACKSONVILLE, FL 32208

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:

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: TINA ANDERSON VP 04/13/2009
Electronic Signature of Signing Officer or Director — Date