

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004996

FILED
Jan 06, 2007
Secretary of State

Entity Name: FOUNDATION FOR INSTRUCTION IN NAVIGATION AND SEAMANSHIP, INC.

Current Principal Place of Business:

13510 GARRIS DRIVE
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

13510 GARRIS DRIVE
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-3730222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, DANA
13510 GARRIS DRIVE
HUDSON, FL 34667 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: GOODWIN, JANE F
Address: 13510 GARRIS DR
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: GOODWIN, DANA
Address: 13510 GARRIS DR
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: WILSON, DAVID
Address: 13714 VERONICA DR
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: SALGADO, RALPH
Address: 13710 ALLYN DR
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: BECK, THOMAS
Address: 16124 FROST ST.
City-St-Zip: HUDSON, FL 34669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS. (X) Change () Addition
Name: GOODWIN, JANE F
Address: 13510 GARRIS DR
City-St-Zip: HUDSON, FL 34667

Title: MR. (X) Change () Addition
Name: GOODWIN, DANA
Address: 13510 GARRIS DR
City-St-Zip: HUDSON, FL 34667

Title: MR. (X) Change () Addition
Name: WILSON, DAVID
Address: 12522 COBBLESTONE DR.
City-St-Zip: HUDSON, FL 34668

Title: MR. (X) Change () Addition
Name: SALGADO, RALPH
Address: 13710 ALLYN DR
City-St-Zip: HUDSON, FL 34667

Title: MR. (X) Change () Addition
Name: BECK, THOMAS
Address: 16124 FROST ST.
City-St-Zip: HUDSON, FL 34669

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: JANE F. GOODWIN

MRS.

01/06/2007

Electronic Signature of Signing Officer or Director

Date