## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000000392

Entity Name: MARINELAND INSTITUTE, INC.

FILED Aug 30, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Jurrent Principal Place of Business:	New Principal Place of Business:

9610 OCEAN SHORE BLVD. 9600 OCEANSHORE BLVD

MARINELAND, FL 320808613 SAINT AUGUSTINE, FL 320808613

Current Mailing Address: New Mailing Address:

9610 OCEAN SHORE BLVD. 9600 OCEANSHORE BLVD

MARINELAND, FL 320808613 SAINT AUGUSTINE, FL 320808613

FEI Number: 03-0379781 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HAMPP, JOY HURLEY, WILLIAM C 9610 OCEAN SHORE BLVD. 9600 OCEANSHORE BLVD.

MARINELAND, FL 320808613 US SAINT AUGUSTINE, FL 320808613 US

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: WILLIAM C HURLEY 08/30/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 JACOBY, JAMES F
 Name:
 JACOBY, JAMES F

 Address:
 237 MARINE CENTER DR.
 Address:
 237 MARINE CENTER DR.

 City-St-Zip:
 MARINELAND, FL 32086
 City-St-Zip:
 SAINT AUGUSTINE, FL 32080

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: ANDERSON, PETER A.V. Name: HURLEY, WILLIAM C

Address: 9505 OCEAN SHORE BLVD. Address: 9600 OCEANSHORE BLVD.
City-St-Zip: MARINELAND, FL 32080 City-St-Zip: SAINT AUGUSTINE, FL 32080

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

 Name:
 COLE, DAVID
 Name:
 HAMPP, CARL

 Address:
 8669 36TH ST. NW, STE. 300
 Address:
 241 MARINE CENTER DRIVE

City-St-Zip: MIAMI, FL 33166 Address. 241 MAMIRE CEIVIER DRIVE

City-St-Zip: SAINT AUGUSTINE, FL 32080

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

Name: HILLESTAD, HILBURN O Name: ROBERTS, KEVIN A
Address: 1000 ABERNATHY RD., STE. 1250 Address: 212 RAINTREE TRAIL

City-St-Zip: ATLANTA, GL 30328 City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete Title: D (X) Change () Addition

 Name:
 HANKINSON, JOHN JR
 Name:
 ROSENBERG, TERRAN

 Address:
 718 PINETREE DR.
 Address:
 20214 HARBOUR VISTA CIRCLE

 City-St-Zip:
 DECATUR, GA 30030
 City-St-Zip:
 SAINT AUGUSTINE, FL 32080

Title: D () Delete Title: D (X) Change () Addition

 Name:
 HOOVER, LACEY
 Name:
 JUST, MAGGIE

 Address:
 4523 SW 64TH AVE.
 Address:
 533 N. HORSESHOE RD.

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:
 SAINT AUGUSTINE, FL 32084

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: WILLIAM C HURLEY MR. 08/30/2006

Electronic Signature of Signing Officer or Director

Date