## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005150

FILED Jan 07, 2011 Secretary of State

Entity Name: FLORIDA MARINE SCIENCE EDUCATORS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

C/O KATHY RUSSELL C/O LAUREN TYLER 85121 TINYA RD 630 45TH AVE N

YULEE, FL 32097 ST PETERSBURG, FL 33703

**Current Mailing Address: New Mailing Address:** 

C/O KATHY RUSSELL C/O LAUREN TYLER 85121 TINYA RD 630 45TH AVE N

YULEE, FL 32097 ST PETERSBURG, FL 33703

FEI Number: 02-0638324 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SHREWSBURY, FRANCIS L CPA 21525 TRUMPETER DR LAND O'LAKES, FL 346394449 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:

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:** 

DP LAKE, JEREMY Name:

Address: 630 45TH AVE N

City-St-Zip: ST PETERSBURG, FL 33703

Title: DV

Name: HAMILTON, SARA Address: 630 45TH AVE N

City-St-Zip: ST PETERSBURG, FL 33703

Title: DS

SHIELDS, ANN MARIE Name: Address: 630 45TH AVE N

City-St-Zip: ST PETERSBURG, FL 33703

Title: DM

Name: LEWIS, MELLIE Address: 630 45TH AVE N

City-St-Zip: ST PETERSBURG, FL 33703

Title: DT

TYLER, LAUREN M Name: 630 45TH AVE N Address:

ST PETERSBURG, FL 33703 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: LAUREN M. TYLER DT 01/07/2011