2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N03173

Entity Name: HOLIDAY ISLES MARINE TRAINING & RESCUE GROUP, INC.

Current Principal Place of Business:

299 BOCA CIEGA DR
MADEIRA BCH, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

299 BOCA CIEGA DR
MADEIRA BCH, FL 33708 US

New Mailing Address:

FEI Number: 59-2834825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WUBBENHORST, WALTER W
8757 113TH STREET
SEMINOLE, FL 33772 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:	P	( ) Delete
Name:	WUBBENHORST, WALTER W	
Address:	8757 113TH STREET	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	S	( ) Delete
Name:	AFFELD, TERRENCE	
Address:	1608 CORDOVA GREENS	
City-St-Zip:	SEMINOLE, FL 33777	
Title:	V	( ) Delete
Name:	BURGER, BRENDA	
Address:	545 PINELLAS BAYWAY #402	
City-St-Zip:	TIERRA VERDE, FL 33715	
Title:	T	( ) Delete
Name:	WILD, ROBERT J	
Address:	240 176 TH AVE E	
City-St-Zip:	REDINGTON SHORES, FL 33708	

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:	

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: WALTER W. WUBBENHORST PRES 04/17/2009

Electronic Signature of Signing Officer or Director — Date