

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000003031

1. Entity Name
VOLUSIA COUNTY MARINE INSTITUTE, INC.



Principal Place of Business
**1420 MASON AVENUE
DAYTONA BEACH, FL 32117**

Mailing Address
**1420 MASON AVENUE
DAYTONA BEACH, FL 32117**



01162008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4439611

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HULL, DAVID J
225 WATER STREET SUITE 1800
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000853840
03/26/08-80086-001 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STANDER, O B
STREET ADDRESS 5915 BENJAMIN CENTER DR.
CITY-ST-ZIP TAMPA, FL 33634

TITLE TD
NAME GRIFFIN, WILLIAM L
STREET ADDRESS 5915 BENJAMIN CENTER DR.
CITY-ST-ZIP TAMPA, FL 33634

TITLE SD
NAME ESTRAN, JUDY L
STREET ADDRESS 5915 BENJAMIN CENTER DR.
CITY-ST-ZIP TAMPA, FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/08

Date

813-887-3300

Daytime Phone #