

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003031

FILED
Feb 26, 2009
Secretary of State

Entity Name: VOLUSIA COUNTY MARINE INSTITUTE, INC.

Current Principal Place of Business:

1420 MASON AVENUE
DAYTONA BEACH, FL 32117

New Principal Place of Business:

1420 MASON AVENUE
SUITE A
DAYTONA BEACH, FL 32117

Current Mailing Address:

1420 MASON AVENUE
DAYTONA BEACH, FL 32117

New Mailing Address:

ASSOCIATED MARINE INSTITUTES
5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634

FEI Number: 20-4439611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULL, DAVID J
225 WATER STREET SUITE 1800
JACKSONVILLE, FL 32202 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: PD () Delete
Name: STANDER, O B
Address: 5915 BENJAMIN CENTER DR.
City-St-Zip: TAMPA, FL 33634

Title: TD () Delete
Name: GRIFFIN, WILLIAM L
Address: 5915 BENJAMIN CENTER DR.
City-St-Zip: TAMPA, FL 33634

Title: SD () Delete
Name: ESTRAN, JUDY L
Address: 5915 BENJAMIN CENTER DR.
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STANDER, O. B
Address: 5915 BENJAMIN CENTER DR.
City-St-Zip: TAMPA, FL 33634

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ESTREN, JUDY L
Address: 5915 BENJAMIN CENTER DR.
City-St-Zip: TAMPA, FL 33634

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: O.B. STANDER

PD

02/26/2009

Electronic Signature of Signing Officer or Director

Date