FIL	E N	IOW:	FIL	ING	FEE	IS	\$61	.25
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**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCU 1. Corporation	MENT n Name	# N11153	}	(6)									
		IARINE INSTITUTE,											
Principal Place	of Business		N	failing Address					- *************************************				
301 7 ST EA				301 7 ST EAST									
BRADENTON	FL 34208-11:	39		BRADENTON FL 34208-11	139								
									3. Date Incorporated or Qualified 09/18/1985	3a. Date of La: 05/01/	st Report 1995		
2. Principal Pl	ace of Busin	ess	2a. Mailing Address						4. FEI Number 59-2553270		Applied For		
Suite Ant.	Suite. Apt. #, etc.			Suite, Apt. #, etc.					33 2333210	\$9.7	Not Applicable  75 Additional		
30/le, Apt. #, etc.				27					Certificate of Status Desired		e Required		
City & State	е		City & State						6. Election Campaign Financing \$5.00 May Be				
Zip	Country			Zip Cou					Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29			9 30					Florida Statutes Yes No				
	9. Name	and Address of Current	Regi	stered Agent		81	Name		10. Name and Address of New Regis	tered Agent			
HULL, D	AVID J					82							
AUSLEY LAW FIRM							Street A	Addres	ss (P.O. Box Number is Not Acceptable)				
227 SOUTH CALHOUN ST.					83							l	
TALLAHASSEE FL 32302						84	City			<b>85</b>	85 Zip Code		
11. Pursuant	to the provisi	ions of Sections 617 0502 a	nd 6	17 1508 Florida Statutos	the ah	10)(0.7	named co	rnorat	ion submite this statement for the nurnoss	TL	registered office	İ	
or register	red agent, or th. and acce	both, in the State of Florida of the obligations of Section	. Suc n 617	h change was authorized	by the	corp	oration's	board	ion submits this statement for the purpose of directors. I hereby accept the appointm	ent as registere	ad agent. I am		
SIGNATURE	, 0.10 0000	pr the congations of, cools		isoco, i iorida dialotos.								ĺ	
	Signature, typed	or printed name of registered agent ar				<del></del> -	t signature re	quired w		DATE	FOEDS IN LAG	<u>ω</u>	
12. TITLE	<b>∖</b> STD	OFFICERS AND	DIRE	DELETE	13	TITLE			ADDITIONS/CHANGES TO OFFICER	15 AND DIRECT	Addition	2	
NAME	_ · · -	N, MARK				NAME						, ,	
STREET ADORESS	1205 MANATEE AVE. WEST				1.3	1.3 STREET ADDRESS			DEE HTTACHN	NENT		CR2E037 (12/95)	
CITY-ST-ZIP		TON FL			1.4 CITY-ST-ZIP							22	
TITLE	CD DELETE					2.1 TITLE				Change	e 🔲 Addition	٥	
NAME STREET ADDRESS	LILJEBERG, STÄSY MS s 656 TROPICAL CIRCLE					2.2 NAME 2.3 STREET ADDRESS						ĺ	
CITY-ST-ZIP	CADACOTA EL					2.4 CITY-ST-ZIP						i	
TITLE	VD			DELETE	_	TITLE				Change	e 🔲 Addition		
NAME		, BETH MRS	\		3.2	NAME							
STREET ADDRESS		X 1849 N/A			3.3	STREET	ADDRESS						
CITY-ST-ZIP TITLE	PD	ITON FL		DELETE		CITY-S TITLE	ST-ZIP		<b>20000 1</b> 20.	di • Ta (Bi Circo)	e	ĺ	
NAME		N, WAYNE		Labettie		NAME			<b>70000178</b> 4 -04/17/9601080 ***61.2S	╈╶═┋┖ <b>┸</b> ╵╏╬╬ ┝╾╾门⋂▗┇	, C Addition		
STREET ADDRESS	102 MA	natee ave w					ADDRESS		***61.25	, UU1		l	
CITY-ST-ZIP	BRADEN	NTON FL				CITY-S	i					ĺ	
TITLE				DELETE	5.1	TITLE				☐ Change	Addition	ĺ	
NAME						NAME						l	
STREET ADDRESS					ı		ADDRESS					l	
CITY-ST-ZIP TITLE				DELETE		CITY - S TITLE	T-ZIP			☐ Change	Addition	l	
NAME				_ DECETE		NAME				— creaty		ı	
STREET ADDRESS							ADDRESS				<b>€</b>	l	
CITY-ST-ZIP			$\overline{}$			CITY-S					4-17-96	b	
14. I do hereb certify that path: that	by certify that t the informa I am an office	the information supplied witton indicated or this annual er or director of the course	th this repo	s filing is reluntarily furnis ort or supplemental annua or the receiver or trustee	hed and al report empow			lify for curate a this r	the exemption stated in Section 119.07(3 and that my signature shall have the sam report as required by Chapter 617, Florida	)(k), Florida Stat e legal effect as Statutes: and t	utes. I further if made under that my name		
appears in	Block 12 o	Block 13 changed or of	an a	ttachment with an addres	ss.	- '					,	l	

**SIGNATURE:** 

## **Gulf Coast Marine Institute**

## 2-2 Document \* N11153(6)

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