


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90052 014 ****61.25

DOCUMENT # N11153							
1. Entity Name GULF COAST MARINE INSTITUTE, INC.							
Principal Place of Business 301 7 ST EAST BRADENTON, FL 34208-1139			Mailing Address ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		01072004 Chg-NP CR2E037 (10/03)			
Zip		Country		4. FEI Number 59-2553270			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HULL, DAVID SMITH, HULSEY, & BUSEY 225 WATER STREET STE. #1800 JACKSONVILLE, FL 32202			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Signature, typed or printed name of registered agent and title if applicable				DATE			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BOAST, ROBERT J		NAME	Lisch, Eloise			
STREET ADDRESS	4827 14TH STREET WEST		STREET ADDRESS	215 25th St. W			
CITY-ST-ZIP	BRADENTON, FL 34207		CITY-ST-ZIP	Bradenton, FL 34205			
TITLE	TST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEWIS, REMONIA J		NAME				
STREET ADDRESS	207 60TH AVENUE E, APT A		STREET ADDRESS				
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEDDOW, CREIGHTON		NAME				
STREET ADDRESS	P. O. BOX 68		STREET ADDRESS				
CITY-ST-ZIP	PALMETTO, FL 34220		CITY-ST-ZIP				
TITLE	CT	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NELSON, MARK		NAME				
STREET ADDRESS	2808 MANATEE AVE. W.		STREET ADDRESS				
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP				
TITLE	PT	<input type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARBER, JUNE		NAME				
STREET ADDRESS	5705 25TH STREET W.		STREET ADDRESS				
CITY-ST-ZIP	BRADENTON, FL 34207		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STANDER, O.B.		NAME				
STREET ADDRESS	5915 BENJAMIN CENTER DR.		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>OB Stander</u>		Date: <u>1/15/04</u>		Daytime Phone #: <u>813-887-3300</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

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