
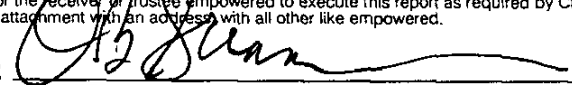


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90016 020 ****61.25

DOCUMENT # N11153 1. Entity Name GULF COAST MARINE INSTITUTE, INC.					
Principal Place of Business 301 7 ST EAST BRADENTON, FL 34208-1139 US			Mailing Address ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01062006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2553270				Applied For <input type="checkbox"/> 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	VP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISCH, ELIOSE		NAME		
STREET ADDRESS	215 25TH ST W		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP		
TITLE	TST	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, REMONIA J		NAME		
STREET ADDRESS	207 60TH AVENUE E, APT A		STREET ADDRESS	P.O. Box 1364	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	ONECO, FL 34264	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input 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	T	<input type="checkbox"/> Delete	TITLE	D	<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	CD	<input type="checkbox"/> Delete	TITLE	D	<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 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: 			1/20/06 813-887-3300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		