

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11153

FILED
Feb 25, 2009
Secretary of State

Entity Name: GULF COAST MARINE INSTITUTE, INC.

Current Principal Place of Business:

906 17 ST W.
PALMETTO, FL 34221 US

New Principal Place of Business:

Current Mailing Address:

ASSOCIATED MARINE INSTITUTES
5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 59-2553270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULL, DAVID
SMITH, HULSEY, & BUSEY
225 WATER STREET STE.,#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: C () Delete
Name: ELOIGE, LISCH
Address: 215 25TH ST W
City-St-Zip: BRADENTON, FL 34205

Title: P () Delete
Name: CREIGHTON, BEDDOW
Address: PO BOX 68
City-St-Zip: PALMETTO, FL 34220

Title: VP () Delete
Name: LEWIS, JEFF
Address: 100 10TH ST W
City-St-Zip: BRADENTON, FL 34205

Title: ST () Delete
Name: LEWIS, REMONIA
Address: 207 60TH AVE E
City-St-Zip: ONECO, FL 34264

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: ELOISE, LISCH
Address: 215 25TH ST W
City-St-Zip: BRADENTON, FL 34205

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

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

Title: ST (X) Change () Addition
Name: LEWIS, REMONIA
Address: 207 60TH AVE E APT A
City-St-Zip: ONECO, FL 34264

Title: D () Change (X) Addition
Name: STANDER, O.B.
Address: 5915 BENJAMIN CENTER DRIVE
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

D

02/25/2009

Electronic Signature of Signing Officer or Director

Date