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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N25381

(7)

SPACE COAST MARINE INSTITUTE, INC.  Principal Place of Business  Mailing Address  470 FRIDAY ROAD  COOOA EL 2006 2019										
COCOA FL 32926-3319 COCOA FL 32926-3319			9			3. Date Incorporated or Qualified 03/14/1988		3a. Date of Last Report 02/21/1995		
					4. FEI Number		UZI		plied For	
2. Principal Pla	ce of Business	2a. Mailing Address				69412			t Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	<u></u>			f Status Desired	<b>\$</b>		Additional	
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City & State		City & State				mpaign Financing Contribution		\$5.00 Added t		
3		28 7in	Co	untry		ation has liability for i	intangible tax u			
Ζιρ	Country	Zip <b>29</b>	30	Or it's	Florida Stal	utes [	_ Yes □ No	)	,	
4	25 9. Name and Address of Curren		1901	T	10. Name and	Address of New R	tegistered Age	ent		
	g. Name and Address of Conton	111091010101		81 Name						
	18.85			OD Chronk (	Address (P.O. Box Nun	her is Not Acceptat	ole)			
HULL, DA	NVU J. TH CALHOUN			82 Street A	AUGIESS (F.O. DOX NOI	SOL IO HOL MODEPIEC				
				83						
IALLAHA	SSEE FL 32302							<b>85</b> Zip (	Code	
•				84 City			┡┖╵	.		
or register	ed agent, or both, in the State of Florid	da. Such change was autho	orized by the	corporation's	poard or directors. The	ieby accept the opp			•	
SIGNATURE _	o the provisions of Sections 617.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Sect Sgnature, typed or printed name of registered agent	and title if applicable.	(NOTE Register	ed Agent signature re	equired when reinstating)		DATE			
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AN	and title it applicable.  D DIRECTORS	[NOTE: Register	ed Agent signature re	equired when reinstating)	S/CHANGES TO OF	DATE FICERS AND D			
SIGNATURE  12. TITLE	Sgnature, typed or printed riame of registered agent OFFICERS AN	and title if applicable.	(NOTE: Register)	ed Agent signature re ).  TITLE	equired when reinstating) ADDITION:	S/CHANGES TO OF	DATE FIGERS AND D	IRECTOR Change	RS IN 12	
SIGNATURE	Sgnature, typed or printed name of registered agent OFFICERS AN  CT SEQUICK, DOUGLAS	and title it applicable.  D DIRECTORS	(NOTE: Register) 13 1.1 1.2	ed Agent signature re J. TITLE NAME	equired when reinstating) ADDITION:	S/CHANGES TO OF	DATE FIGERS AND D	IRECTOR Change	RS IN 12	
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14. I do hereby certify that the information supplied with his filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver practised empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813)887 3300

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