

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90006 028 ****61.25

DOCUMENT # N25381 1. Entity Name SPACE COAST MARINE INSTITUTE, INC.			
Principal Place of Business 1000 INSPIRATION LANE MELBOURNE, FL 32934 US		Mailing Address ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
6. Name and Address of Current Registered Agent HULL, DAVID J. 225 WATER STREET, STE. 1800 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	D STANDER, O B 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISHER, BRIAN G 2401 W. EAU GALLIE BLVD., STE 1 MELBOURNE, FL 32935 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOORE, TOMMY 1085 CAROL CT MERRITT ISLAND, FL 32952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT CARUSO, JOAN 1085 CAROL COURT MERRITT ISLAND, FL 32952 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Answey, Susan 304 Sandhurst Dr. Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLEMAN, PATTI 8020 S HWY A1A MELBOURNE BEACH, FL 32951 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAY, LINDA J 1700 SANDPIPER ST MERRITT ISLAND, FL 32952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>OB Stander</i>		Date <i>1/15/04</i> Daytime Phone # <i>813-887-3300</i>	