2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N25381 1. Entity Name SPACE COAST MARINE INSTITUTE, INC.						02-10-200)4 90006 ()28 ****(61.25
1000 INSPIRATION LANE ASSO MELBOURNE, FL 32934 US 591			lailing Address ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DRIVE FAMPA, FL 33634 US			# # # # # # # # # #			
2. Principal P	lace of Business	3. Mailing Addre	ss						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062004	Chg-NP	CR2E03	7 (10/03)	
City & State		City & State			4. FEI Number 59-28694	12		<u>_</u>	pplied For at Applicable
_Zip	Country _	- Zip	C	Country	5. Certificate of	Status Desired		8.75 Add ee Require	
	6. Name and Address of Current I	Registered Agent			7. Name and Ad	idress of New	Registered A	gent	
				Name					
HULL, DAIVD J. 225 WATER STREET, STE. 1800 JACKSONVILLE, FL 32202			,	Street Add	dress (P.O. Box Number i	ss (P.O. Box Number is Not Acceptable)			
UNONO CIT	VILLE, I E 02202			City				Zip Cod	· · ·
				City			FL	Zip Cou	e
	named entity submits this statement for ions of registered agent.	the purpose of cha	nging its regist	ered office or re	egistered agent, or both,	in the State of F	lorida. I am fa	amiliar with,	and accept
	e for an idea						.,		e
SIGNATURE .	Signature, typed or printed name of registered agent a					•			
	signature, typed or printed name of registered agent a	ind title if applicable.	(NOTE: Registe	ered Agent signature	required when reinstating)		DATE .		
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10.	Filing Fee is \$61.25	9. Ele Tru	ction Campaigr st Fund Contrib	n Financing	_ \$5.00 May Be	Flo	Make check rida Depart	ment of Si	tate
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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.