# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 08, 2005 8:00 am**
**Secretary of State**
04-08-2005 90059 014 ****61.25

DOCUMENT # N25381

1. Entity Name
SPACE COAST MARINE INSTITUTE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1000 INSPIRATION LANE<br>MELBOURNE, FL 32934 US | ASSOCIATED MARINE INSTITUTES<br>5915 BENJAMIN CENTER DRIVE<br>TAMPA, FL 33634 US |

03282005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-2869412 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HULL, DAIVD J.<br>225 WATER STREET, STE. 1800<br>JACKSONVILLE, FL 32202 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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, 2005**

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<br>STANDER, O B<br>5915 BENJAMIN CENTER DRIVE<br>TAMPA, FL 33634 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Camille Albert<br>415 Newport Dr<br>Indialantic, FL 32903 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>FISHER, BRIAN G<br>2401 W. EAU GALLIE BLVD., STE 1<br>MELBOURNE, FL 32935 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Bob Carmichael<br>PO Box 2714<br>melbourne, FL 32902 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>MOORE, TOMMY<br>1085 CAROL CT<br>MERRITT ISLAND, FL 32952 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Chuck Colletta<br>30054 Clearlake Dr<br>melbourne, FL 32935 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ANSWAY, SUSAN<br>204 SANDHURST DR<br>MELBOURNE, FL 32940 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Glen Dingman<br>6785 Mangrove Dr<br>Merritt Island, FL 32953 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>COLEMAN, PATTI<br>8020 S HWY A1A<br>MELBOURNE BEACH, FL 32951 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Curtis Dorman<br>3941 Lake Washington Rd<br>melbourne, FL 32934 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MAY, LINDA J<br>1700 SANDPIPER ST<br>MERRITT ISLAND, FL 32952 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Nelson Hamilton<br>P.O. Box 410783<br>melbourne, FL 32941 | ☐ 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:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #