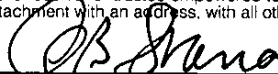


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90034 040 ****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			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, DAVID J. 225 WATER STREET, STE. 1800 JACKSONVILLE, FL 32202			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, 2006		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	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	STANDER, O B		NAME		
STREET ADDRESS	5915 BENJAMIN CENTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP		
TITLE	DB ☐ Delete		TITLE	TD ☒ Change ☐ Addition	
NAME	FISHER, BRIAN G		NAME	SAME	
STREET ADDRESS	2401 W. EAU GALLIE BLVD., STE 1		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE	DB ☐ Delete		TITLE	D ☒ Change ☐ Addition	
NAME	MOORE, TOMMY		NAME	MOORE, tommy	
STREET ADDRESS	1085 CAROL CT		STREET ADDRESS	1922 Laramie Circle	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	Melbourne FL 32940	
TITLE	T ☐ Delete		TITLE	D ☒ Change ☐ Addition	
NAME	ANSWAY, SUSAN		NAME	SAME	
STREET ADDRESS	204 SANDHURST DR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP		
TITLE	TD ☐ Delete		TITLE	D ☒ Change ☐ Addition	
NAME	COLEMAN, PATTI		NAME	SAME	
STREET ADDRESS	8020 S HWY A1A		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP		
TITLE	T ☐ Delete		TITLE	D ☒ Change ☐ Addition	
NAME	MAY, LINDA J		NAME	SAME	
STREET ADDRESS	1700 SANDPIPER ST		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  1/20/06 813.887.3300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					