

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90167 002 ****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
--	---

40067099



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03192007 Chg-NP CR2E037 (12/06)

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, 2007	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	C BRAD ROUB 8607 MIZELL Dr Melbourne, FL 32940 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 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	D MOORE, TOMMY 1922 LARAMIE CIRCLE MELBOURNE, FL 32940 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANSWAY, SUSAN 204 SANDHURST DR MELBOURNE, FL 32940 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUSAN ANSWAY 304 Sandhurst Dr. Melbourne FL 32940 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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	D 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 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: CS Stana 3/23/07 813-887-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #