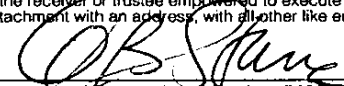


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90024 045 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		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, 2008		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	TD FISHER, BRIAN G 2401 W. EAU GALLIE BLVD., STE 1 MELBOURNE, FL 32935	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, TOMMY 1922 LARAMIE CIRCLE MELBOURNE, FL 32940	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANSWAY, SUSAN 204 SANDHURST DR MELBOURNE, FL 32940	☐ Delete			
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	D MAY, LINDA J 1700 SANDPIPER ST MERRITT ISLAND, FL 32952	☐ Delete			
TITLE NAME STREET ADDRESS 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: 		Date <u>3/5/08</u>		Daytime Phone # <u>813-887-3380</u>	