

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25381

FILED
Jan 13, 2011
Secretary of State

Entity Name: AMIKIDS SPACE COAST, INC.

Current Principal Place of Business:

1000 INSPIRATION LANE
MELBOURNE, FL 32934 US

New Principal Place of Business:

Current Mailing Address:

ASSOCIATED MARINE INSTITUTES
5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634 US

New Mailing Address:

AMIKIDS, INC.
5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634 US

FEI Number: 59-2869412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULL, DAVID J.
225 WATER STREET, STE. 1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: ANSWAY, SUSAN
Address: 304 SANDHURST DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: C
Name: JOHNSON, NEAL E
Address: 308 LEE AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T
Name: FISHER, BRIAN
Address: 2401 W. EAU GALLIE BLVD., SUITE 1
City-St-Zip: MELBOURNE, FL 32935

Title: P
Name: IVEY, WAYNE
Address: 3095 FAWN LAKE BLVD
City-St-Zip: MIMS, FL 32754

Title: D
Name: MOORE, TOMMY
Address: 1922 LARAMIE CIRCLE
City-St-Zip: MELBOURNE, FL 32940

Title: D
Name: STANDER, O. B
Address: 5915 BENJAMIN CENTER DRIVE
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: O.B. STANDER

D

01/13/2011

Electronic Signature of Signing Officer or Director

_____ Date