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FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N25437 (7)**

1. Corporation Name

GULF MARINE EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

**5 MICHEAL MCCASKILL
US 19 N P O BOX 1180
CROSS CITY FL 32628
US****% MICHEAL MCCASKILL
US 19 N P O BOX 1180
CROSS CITY FL 32628-1180
US**

3. Date Incorporated or Qualified

03/16/1988

3a. Date of Last Report

08/28/1996

2. Principal Place of Business

2a. Mailing Address

21 1 WILDCAT DRIVE**26 1 WILDCAT DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23 GLEN ST. MARY, FL**28 GLEN ST. MARY, FL**

Zip

Country

Zip

Country

24 32040**25 USA****29 32040****30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCASKILL, MICHEAL
US19 N
DIXIE COUNTY HIGH SCHOOL
CROSS CITY FL 32628****81 Name McCaskill, Michael
82 Street Address (P.O. Box Number is Not Acceptable)
1 WILDCAT DRIVE
83 BAKER COUNTY HIGH SCHOOL
84 City GLEN ST. MARY FL
85 Zip Code 32040**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Michael McCaskill**4-22-97**

Signature: typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DD
NAME MCCASKILL, MICHAEL
STREET ADDRESS P.O. BOX 507 N/A
CITY-ST-ZIP CROSS CITY FL☐ DELETE**1.1 TITLE**
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ Addition**TITLE D**
NAME WHITMAN, DICK
STREET ADDRESS P.O. BOX 836 N/A
CITY-ST-ZIP OLD TOWN FL☐ DELETE**2.1 TITLE**
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ Addition**TITLE D**
NAME HASTINGS, BOB
STREET ADDRESS P.O. BOX 1426 N/A
CITY-ST-ZIP CHIEFLND FL☐ DELETE**3.1 TITLE**
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ Addition**TITLE D**
NAME UNDERHILL, LARRY
STREET ADDRESS P.O. BOX 1036 N/A
CITY-ST-ZIP CROSS CITY FL☐ DELETE**4.1 TITLE**
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition**TITLE D**
NAME BOND, TED
STREET ADDRESS 5875 WEST BROMLEY CIRCLE
CITY-ST-ZIP CRYSTAL RIVER FL 34429☐ DELETE**5.1 TITLE**
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition**TITLE D**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE**6.1 TITLE**
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Michael McCaskill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0011525

CR2E037 (9/96)