

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N42017** (6)
1. Corporation Name
GAINESVILLE-OCALA MARINE INSTITUTE NORTH, INC.



Principal Place of Business

Mailing Address

100 SE 134TH AVE
MICANOPY FL 32667
US

RT. 2 BOX 185
MICANOPY FL 32667-9713

3. Date Incorporated or Qualified
02/08/1991

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HULL, DAVID J
AUSLEY LAW FIRM
227 SOUTH CALHOUN ST.
TALLAHASSEE FL 32302

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
CD
CLAYTON, JAMES E
P O BOX 23939 (NA)
GAINESVILLE FL

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
STD
LOWRY, JAMES L
3601 SW 63RD ALNE
GAINESVILLE FL

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
WOODY, ROBERT L
110 SE 1ST ST 2
GAINESVILLE FL

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
T
WEAVER, ROBERT S
5915 BENJAMIN CENTER DRIVE
TAMPA FL 33634

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 reports) 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:

ROBERT S WEAVER 1/15/97 (813) 887-3300

CR2E037 (9/96)