FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

²⁶ Associated Marine Institutes

275915 Benjamin Center Drive

DOCUMENT # N42017

1. Corporation Name

GAINESVILLE-OCALA MARINE INSTITUTE NORTH, INC.

Principal Place of Business
100 SE 134TH AVE
MICANOPY FL 32667
บร

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

RT. 2 BOX 185 MICANOPY FL 32667

2a. Mailing Address

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90030 048 ****61.25





Applied For

Not Applicable

3. Date Incorporated or Qualifed

02/08/1991

59-3048922

4. FEI Number

City & Sta	ne -		npa, FL 🤅	336	34	5. Certifcate of Status Desired		Fee Req	
Zip	Country	Zip	Co	uptey.	<u></u>	6. Election Campaign Financing	D	\$5.00 N	May Be
24	25	29	30	U		Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current	Registered Agent				10. Name and Address of New I	Registered A	gent	
				81	Name				
HULL, DAVID J					Street Addre	ess (P.O. Box Number is Not Accept	able)		
AUSLEY LAW FIRM									
227 SOU	th Calhoun St.			83					
TALLAHA	SSEE FL 32302			84	City		FL	85 Zip C	ode
				11					- sistered
office or	t to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	Florida, Such chand	e was authonze	d by t	-named corporation	oration submits this statement for the on's board of directors. I hereby acces	purpose of c ot the appoin	tment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registere	d Agent	signature required	t when reinstating)	DATE		
12.	OFFICERS AND		13			ADDITIONS/CHANGES TO OF	FICERS AND		
TILE	N	☐ DELETE		I.1 TITLE				☐ Change	Addition
NAME	BISKIN, CARL		1.21	AME	:				
STREET ADDRESS	5 011 A 2011 011 221			STREET.	ADDRESS				
CITY-ST-ZIP	1 44 W 10 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			ΠY-ST	-ZIP				ET L Use
TITLE	T	DELETE		2.1 TITLE				Change	Addition
NAME	DUPREE, SHERRY		2.21	VAME	1				
STREET ADDRES			2.3	STREET	ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32605			CITY-ST	r-ZIP			- Characa	C7 Addition
TITLE	ST	DE	LETE 3.11	7			, ,	Change	Addition
NAME	GREEN, NORMA	くん		₩E.		$\sim 10^{-1}$		_	
STREET ADDRES		756		i i	() F ()	Week III	21	_	
CITY-ST-ZIP	GAINESVILLE FL 32601		3.4.	ا محافظ		<u> </u>	77	Change	Addition
TITLE	VCT	□ DE	1	IIILE	}			Cloudings	[] Addition
NAME	GRIMM, LOUISE			NAME					
STREET ADDRES			1		ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32601-8084	□ DE		CITY-ST	-ZIP			[] Change	☐ Addition
TITLE	LONDY MARKS	L DE		TITLE NAME				L_I condinger	C. Monion
NAME	LOWRY, JAMES L	1	f		ADDRESS				
STREET ADDRES					- 1				
CITY-ST-ZIP	GAINESVILLE FL 32608	□ DE		CITY-ST	-414			Change	☐ Addition
TITLE	1	€ DE		VAME				i overide	
NAME	MILLAR, NICHOLAS J				ADDDECO				
STREET ADDRES	1 * * * * * * * * * * * * * * * * * * *		3		ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32303		■ 6.4 i	CITY-ST	-4P I				

thereby 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 of the receiver or prostee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed of the receiver and that my name appears in all other like empowered.

SIGNATURE:

2/19/90 (81)887-3300

Gainesville/Ocala Marine Institute

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