2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State
02-10-2004 90028 038 ****61.25

DOCUMENT # N42017

1. Entity Name
GAINESVILLE WILDERNESS INSTITUTE, INC.

Principal Place of Business	Mailing Address
100 SE 134TH AVE MICANOPY, FL 32667 US	ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DR. TAMPA, FL 33634 US

01072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3048922 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HULL, DAVID J
SMITH, HUSLEY & BUSEY
225 WATER STREET, SUITE 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, 2004

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	T BASKIN, CARL 511 NE 25TH STREET GAINESVILLE, FL 32601	☒ Delete	T Dupree, Sherry 3000 NW 83rd St. Gainesville, FL 32607	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CLAYTON, JAMES P. O. BOX 23939 GAINESVILLE, FL 32602	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD NORMA, GREEN PO BOX 117626 GAINESVILLE, FL 32611	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STANDER, O.B. 5915 BENJAMIN CENTER DR. TAMPA, FL 33634	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COKER, MARY D P. O. BOX 23109 GAINESVILLE, FL 32602	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GRIMM, LOUISE 2621 SE HAWTHORNE ROAD GAINESVILLE, FL 32641	☐ Delete		☐ Change ☐ Addition

12. I 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 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: OB Stander 1/15/04 813-887-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #