2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State
04-13-2005 90042 023 ****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

03292005 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	7. Name and Address of New Registered Agent
HULL, DAVID J SMITH, HUSLEY & BUSEY 225 WATER STREET, SUITE 1800 JACKSONVILLE, FL 32202	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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 DUPREE, SHERRY 3000 NN 83RD ST. GAINESVILLE, FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Amy Richard 7922 NW 71st Street Gainesville FL 32653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CLAYTON, JAMES P. O. BOX 23939 GAINESVILLE, FL 32602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Meshon Rawls PO Box 2820 Gainesville, FL 32602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD NORMA, GREEN PO BOX 117626 GAINESVILLE, FL 32611	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Brian Shea Station 24 PO Box 490 Gainesville, FL 32602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STANDER, O.B. 5915 BENJAMIN CENTER DR. TAMPA, FL 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jeff Mallory 11619 NW 15th Ave Gainesville, FL 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COKER, MARY D P. O. BOX 23109 GAINESVILLE, FL 32602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Heather Jones 120 West University Ave Gainesville, FL 32601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GRIMM, LOUISE 2621 SE HAWTHORNE ROAD GAINESVILLE, FL 32641	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kris Kelly 120 West University Ave Gainesville, FL 32601	☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #