

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90038 007 ****61.25

DOCUMENT # N42017 1. Entity Name GAINESVILLE WILDERNESS INSTITUTE, INC.																																																																						
Principal Place of Business 100 SE 134TH AVE Micanopy, FL 32667 US			Mailing Address ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DR. TAMPA, FL 33634 US																																																																			
2. Principal Place of Business		3. Mailing Address																																																																				
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																				
City & State		City & State																																																																				
Zip		Country		Zip																																																																		
Country		Country		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.																																																																						
Filing Fee is \$61.25 Due by May 1, 2006		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">☒ Delete</td> </tr> <tr> <td></td> <td>DUPREE, SHERRY</td> <td>3000 NN 83RD ST.</td> <td>GAINESVILLE, FL 32607</td> <td></td> </tr> <tr> <td></td> <td>CLAYTON, JAMES</td> <td>P. O. BOX 23939</td> <td>GAINESVILLE, FL 32602</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>RICHARD, AMY</td> <td>7922 NW 71ST ST</td> <td>GAINESVILLE, FL 32653</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>STANDER, O.B.</td> <td>5915 BENJAMIN CENTER DR.</td> <td>TAMPA, FL 33634</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>RAULS, MESHON</td> <td>PO BOX 2820</td> <td>GAINESVILLE, FL 32602</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>GRIMM, LOUISE</td> <td>2621 SE HAWTHORNE ROAD</td> <td>GAINESVILLE, FL 32641</td> <td style="text-align: center;">☐ Delete</td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">☐ Change ☒ Addition</td> </tr> <tr> <td></td> <td>Malloy, Jeff</td> <td>11619 NW 15th Ave.</td> <td>Gainesville FL 32606</td> <td></td> </tr> <tr> <td></td> <td>Clayton, James</td> <td>P.O. Box 23939</td> <td>GAINESVILLE, FL 32602</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td>Richard, Amy</td> <td>71st St.</td> <td>GAINESVILLE, FL 32653</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td>Rawls, Meshon</td> <td>PO Box 2820</td> <td>Gainesville, FL 32602</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td>Grimm, Louise</td> <td>02621 SE Hawthorne Rd.</td> <td>GAINESVILLE, FL 32641</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> </table>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Delete		DUPREE, SHERRY	3000 NN 83RD ST.	GAINESVILLE, FL 32607			CLAYTON, JAMES	P. O. BOX 23939	GAINESVILLE, FL 32602	☐ Delete		RICHARD, AMY	7922 NW 71ST ST	GAINESVILLE, FL 32653	☐ Delete		STANDER, O.B.	5915 BENJAMIN CENTER DR.	TAMPA, FL 33634	☐ Delete		RAULS, MESHON	PO BOX 2820	GAINESVILLE, FL 32602	☐ Delete		GRIMM, LOUISE	2621 SE HAWTHORNE ROAD	GAINESVILLE, FL 32641	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☒ Addition		Malloy, Jeff	11619 NW 15th Ave.	Gainesville FL 32606			Clayton, James	P.O. Box 23939	GAINESVILLE, FL 32602	☐ Change ☐ Addition		Richard, Amy	71st St.	GAINESVILLE, FL 32653	☐ Change ☐ Addition		Rawls, Meshon	PO Box 2820	Gainesville, FL 32602	☐ Change ☐ Addition		Grimm, Louise	02621 SE Hawthorne Rd.	GAINESVILLE, FL 32641	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>[Signature]</i></u> 1/20/06 813.887.3300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																						