2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State
04-11-2007 90035 031 ****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

03192007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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 _____
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, 2007

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	CD MALLOY, JEFF 11619 NW 15TH AVE GAINESVILLE, FL 32606	☒ Delete	C Josh Fischer 201 E. University Ave, Suite 460 Gainesville FL 32601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLAYTON, JAMES P. O. BOX 23939 GAINESVILLE, FL 32602	☒ Delete	P Kris Kelly 120 W. University Ave. Gainesville FL 32601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARD, AMY 7922 NW 71ST ST GAINESVILLE, FL 32653	☒ Delete	D Patty Escalera 21745 NW 87th Ave. Rd. Micanopy, FL 32667	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STANDER, O.B. 5915 BENJAMIN CENTER DR. TAMPA, FL 33634	☒ Delete	D John Stevenson 85 SW 52nd Ave. Ocala FL 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAULS, MESHON PO BOX 2820 GAINESVILLE, FL 32602	☐ Delete	D Brian Shea Station 24 PO Box 490 Gainesville FL 32602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIMM, LOUISE 2621 SE HAWTHORNE ROAD GAINESVILLE, FL 32641	☒ Delete	D Michelle Irwin 720 SW 62nd Blvd. N162 Gainesville FL 32607	☐ Change ☒ Addition

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: _____ 4/9/07 813-887-3302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #