

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42017

FILED  
Mar 10, 2010  
Secretary of State

**Entity Name:** AMIKIDS GAINESVILLE, INC.

**Current Principal Place of Business:**

100 SE 134TH AVE  
MICANOPY, FL 32667 US

**New Principal Place of Business:**

**Current Mailing Address:**

ASSOCIATED MARINE INSTITUTES  
5915 BENJAMIN CENTER DR.  
TAMPA, FL 33634 US

**New Mailing Address:**

**FEI Number:** 59-3048922      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HULL, DAVID J  
SMITH, HULSEY & BUSEY  
225 WATER STREET, STE 1800  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: FLETCHER, IAN  
Address: 300 E. UNIVERSITY AVENUE, SUITE 100  
City-St-Zip: GAINESVILLE, FL 32601

Title: VC  
Name: STEVENSON, JOHN  
Address: 9323 SW 53RD LANE  
City-St-Zip: GAINESVILLE, FL 32608

Title: D  
Name: FISCHER, JOSH  
Address: 201 E. UNIVERSITY AVENUE, SUITE 400  
City-St-Zip: GAINESVILLE, FL 32601

Title: D  
Name: LALONDE, RICH  
Address: P.O. BOX 1210  
City-St-Zip: GAINESVILLE, FL 32602

Title: D  
Name: STANDER, O.B.  
Address: 5915 BENJAMIN CENTER DRIVE  
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: O. B. STANDER

D

03/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date