

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42017

FILED
Jan 13, 2011
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:

AMIKIDS, INC.
5915 BENJAMIN CENTER DR.
TAMPA, FL 33634 US

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: 4627 SW 45TH AVENUE
City-St-Zip: GAINESVILLE, FL 32608

Title: VC
Name: GREENBERG, DAVID
Address: 10942 NW 33RD PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D
Name: BROCKWAY, PAM
Address: 120 W. UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: D
Name: LEE, DAVID
Address: 2621 SE HAWTHORNE ROAD
City-St-Zip: GAINESVILLE, FL 32641

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

01/13/2011

Electronic Signature of Signing Officer or Director

Date