## FILED **FILE NOW: FILING FEE IS \$61.25 NONPROFIT** May 18 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4) ESCAMBIA BAY MARINE INSTITUTE, INC. Principal Place of Business Mailing Address 10805 GULF BEACH HWY 10605 GULF BEACH HWY 3. Date Incorporated or Qualified PENSACOLA FL 32507 PENSACOLA FL 32507 02/20/1991 4. FEI Number Applied For 59-3051944 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HULL, DAVID J 82 Street Address (P.O. Box Number is Not Acceptable) 227 SOUTH CALHOUN 83 TALLAHASSEE FL 32302 City 84 Zip Code Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition **T**ILE 1.1 TITLE MA WEAVER, ROBERT S 1.2 NAME tachne **5915 BENJAMIN CENTER DRIVE** STREET ABORESS 1.3 STREET ADDRESS **TAMPA FL 33634** 1.4 CITY-ST-ZIP CITY-ST-2H DELETE TITI F PD Addition 2.1 TITLE Baxter, William NAME 22 NAME P.O.,BOX 12950 N/A STREET ADORESS 2.3 STREET ADDRESS PENSAÇOLA FL 32576 CITY-ST-ZIP 2. 4 C/TY - ST - ZIP TITLE DELETE Addition 3.1 TITLE WILLIAMS, REMINETH L NAME 3.2 NAME 190 GOVERNMENTAL CENTER STREET ADORESS 3.3 STREET ADDRESS PENSACOLA FL 32501 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME BRIGHAM, ISAAC 4. 2 NAME 1000 COLLEGE BOULEVARD STREET ADORESS 4.3 STREET ADDRESS PENSAPOLA FL 32504 CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 DITY-ST-ZIP

14. I hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an abachdoren with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CHY-ST-2IP

SIGNATURE:

TITLE

TREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DISLETE

4 33/98

813 -887-3300 Daylume Phone # 0075342

Change

Addition

## Escambia Bay Marine Institute

10605 Gulf Beach Highway, Pensacola, FL 32507 -- Tel. (904) 492-0708 -- Fax (904) 492-7111

## **Board of Trustees**

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