



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90018 030 ****61.25

DOCUMENT # N42179 1. Entity Name ESCAMBIA BAY MARINE INSTITUTE, INC.					
Principal Place of Business 10605 GULF BEACH HWY PENSACOLA, FL 32507				Mailing Address 10605 GULF BEACH HWY PENSACOLA, FL 32507	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5915 Benjamin Center Dr. Suite, Apt. #, etc.			
City & State City: Tampa, FL		City & State City: Tampa, FL		4. FEI Number 59-3051944	
Zip 33634		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HULL, DAVID J SMITH, HUSLEY & BUSEY 225 WATER STREET., STE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 RIGBY, JAMES 10622 LILLIAN HIGHWAY PENSACOLA, FL 32506	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, EARL 1000 COLLEGE BLVD. PENSACOLA, FL 32504	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HILL, MIKE 611 NEW WARRINGTON ROAD PENSACOLA, AL 32506	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEASLEY, MARVIN P.O. BOX 12646 PENSACOLA, FL 32574	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAXTER, WILLIAM 3350 CHANTARENE DRIVE PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, RANDY 6225 SAN MONICA PENSACOLA, FL 32504	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, RANDY 6225 SAN MONICA PENSACOLA, FL 32504	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>OB Stander</u> OB Stander <u>1/15/04</u> <u>813-887-3300</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					