

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90025 013 ****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
**5915 BENJAMIN CENTER DR.
TAMPA, FL 33634**

40057000



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-3051944

Applied For

Not Applicable

Zip

Country

Zip

Country

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., STE 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
☒ **DONOVAN, MARTY**
223 EAST GOVERNMENT ST
PENSACOLA, FL 32501
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
P

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **D**
EVANS, EARL
1000 COLLEGE BLVD.
PENSACOLA, FL 32504
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
D
MARVIN BEASLEY
PO Box 13646
PENSACOLA, FL 32591

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **HILL, MIKE**
611 NEW WARRINGTON ROAD
PENSACOLA, AL 32506
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
C

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **BROWN, TED**
40 AUDASSON AVE, POB 1415
PENSACOLA, FL 32596
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **BLAKE, RANDY**
1409 E YONGE ST
PENSACOLA, FL 32503
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/07

813-887-3308