

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42179

FILED
Jan 26, 2009
Secretary of State

Entity Name: ESCAMBIA BAY MARINE INSTITUTE, INC.

Current Principal Place of Business:

10605 GULF BEACH HWY
PENSACOLA, FL 32507

New Principal Place of Business:

3685 MULDOON RD
PENSACOLA, FL 32526

Current Mailing Address:

5915 BENJAMIN CENTER DR.
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-3051944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULL, DAVID J
SMITH, HUSLEY & 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 () Delete
Name: DONOVAN, MARTY
Address: 223 EAST GOVERNMENT ST
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: BEASLEY, MARVIN
Address: PO BOX 12646
City-St-Zip: PENSACOLA, FL 32591

Title: D () Delete
Name: HILL, MIKE
Address: 611 NEW WARRINGTON ROAD
City-St-Zip: PENSACOLA, AL 32506

Title: D () Delete
Name: BROWN, TED
Address: 40 AUDASSON AVE, POB 1415
City-St-Zip: PENSACOLA, FL 32596

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BERNARD WILLIAMS

E

01/26/2009

Electronic Signature of Signing Officer or Director

Date