


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N42208</b> 1. Entity Name SOUTHWEST FLORIDA MARINE INSTITUTE, INC.	
--	---

Principal Place of Business SOUTHWEST FLORIDA MARINE INSTITUTE 1190 MAIN ST FT. MYERS, FL 33901	Mailing Address ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634
--	--

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  HULL, DAVID J SMITH, HULSEY, & BUSEY 225 WATER STREET STE. #1800 JACKSONVILLE, FL 32202	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000023198 02/02/04-80016-013 61.25
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD METHENY, MARVIN 1470 ROYAL PALM SQUARE BLVD. FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HUBBARD-ROBINSON, JACQUELINE PO BOX 999 FORT MYERS, FL 33902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JORGENSEN, ERIK 1870 FARM TRAIL SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STANDER, OB 5915 BENJAMIN CENTER DR TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCGAHA, JOHNNY 19501 TREELINE BLVD S FT MYERS, FL 339656565
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD ZAVIN, DAN 11090 HARBOUR YACHT CT. FORT MYERS, FL 33908

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> 	Date: 1/15/04	Daytime Phone #: 813-887-3300
---	---------------	-------------------------------