


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90095 002 \*\*\*\*61.25

<b>DOCUMENT # N42208</b> 1. Entity Name <b>SOUTHWEST FLORIDA MARINE INSTITUTE, INC.</b>					
Principal Place of Business <b>SOUTHWEST FLORIDA MARINE INSTITUTE 1190 MAIN ST FT. MYERS, FL 33901</b>			Mailing Address <b>ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3052865</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HULL, DAVID J SMITH, HULSEY, &amp; BUSEY 225 WATER STREET STE. #1800 JACKSONVILLE, FL 32202</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MB</b> <b>METHENY, MARVIN</b> <input type="checkbox"/> Delete <b>1470 ROYAL PALM SQUARE BLVD.</b> <b>FORT MYERS, FL 33919</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ACKERT, DAVID</b> <input type="checkbox"/> Delete <b>1530 HEITMAN ST</b> <i>Heitman</i> <b>FORT MYERS, FL 33901</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ACKERT, DAVID</b> <b>1530 Heitman St.</b> <b>FORT MYERS, FL 33901</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>J</b> <b>JORGENSEN, ERIK</b> <input type="checkbox"/> Delete <b>1070 FARM TRAIL</b> <b>SANIBEL, FL 33957</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jorgensen, Frank</b> <b>161st Bentwood Palms Dr.</b> <b>Ft. Meyers, FL 33908</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>STANDER, OB</b> <b>5915 BENJAMIN CENTER DR</b> <b>TAMPA, FL 33634</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>MCGAHA, JOHNNY</b> <b>19501 TREELINE BLVD S</b> <b>FT MYERS, FL 339656565</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Same</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <input type="checkbox"/> Delete <b>ZAVIN, DAN</b> <b>11090 HARBOUR YACHT CT.</b> <b>FORT MYERS, FL 33908</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Same</b>	
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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>4/20/06 813.887-3300</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <span style="float: right;"><small>Daytime Phone #</small></span>					