

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90059 041 ****61.25

DOCUMENT # N42208

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**

40041034



03192007 Chg-NP CR2E037 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3052865

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HULL, DAVID J
SMITH, HULSEY, & 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

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

TITLE ☒ Delete
NAME **METHENY, MARVIN**
STREET ADDRESS **1470 ROYAL PALM SQUARE BLVD.**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☒ Delete
NAME **ACKERT, DAVID**
STREET ADDRESS **1530 HEITMAN ST**
CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE ☐ Delete
NAME **JORGENSEN, FRANK**
STREET ADDRESS **16151 BENTWOOD PALMS DR**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE ☐ Delete
NAME **D STANDER, OB**
STREET ADDRESS **5915 BENJAMIN CENTER DR**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE ☐ Delete
NAME **D MCGAHA, JOHNNY**
STREET ADDRESS **19501 TREELINE BLVD S**
CITY-ST-ZIP **FT MYERS, FL 339656565**

TITLE ☐ Delete
NAME **D ZAVIN, DAN**
STREET ADDRESS **11090 HARBOUR YACHT CT.**
CITY-ST-ZIP **FORT MYERS, FL 33908**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **→**
CITY-ST-ZIP **→**

TITLE ☐ Change ☒ Addition
NAME **C Roger Ward**
STREET ADDRESS **2707 EL Dorado Parkway W.**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE ☒ Change ☐ Addition
NAME **VC**
STREET ADDRESS **→**
CITY-ST-ZIP **→**

TITLE ☐ Change ☒ Addition
NAME **S Hon. R. Wallace Pack**
STREET ADDRESS **PO Box 1871**
CITY-ST-ZIP **Ft. Myers, FL 33902**

TITLE ☐ Change ☒ Addition
NAME **D Jack Burges**
STREET ADDRESS **PO Box 1503**
CITY-ST-ZIP **Ft. Myers, FL 33902**

TITLE ☐ Change ☒ Addition
NAME **D MGen. James Dazier**
STREET ADDRESS **4980 Bayline Dr**
CITY-ST-ZIP **Ft. Myers, FL 33917**

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