
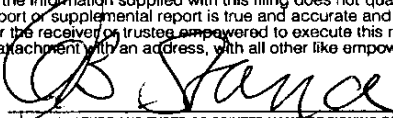


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90022 045 ****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		
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 <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T METHENY, MARVIN 1470 ROYAL PALM SQUARE BLVD. FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC JACK Burges PO Box 1903 Ft. Myers, FL 33902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WARD, ROGER 2707 EL DORADO PARKWAY CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S R. Wallace Pack PO Box 1871 Ft. Myers, FL 33902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE JORGENSEN, FRANK 16151 BENTWOOD PALMS DR FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANDER, OB 5915 BENJAMIN CENTER DR TAMPA, FL 33634	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGAHA, JOHNNY 19501 TREELINE BLVD S FT MYERS, FL 339656565	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAVIN, DAN 11090 HARBOUR YACHT CT. FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 				Date 3/5/08 Daytime Phone # 813-887-3380	