2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42208

FILED Feb 25, 2009 Secretary of State

Entity Name: SOUTHWEST FLORIDA MARINE INSTITUTE, INC.

Current Principal Place of Business:

SOUTHWEST FLORIDA MARINE INSTITUTE

1190 MAIN ST

FT. MYERS, FL 33901

FEI Number: 59-3052865

Current Mailing Address:

New Principal Place of Business:

SOUTHWEST FLORIDA MARINE INSTITUTE

1190 MAIN ST

FORT MYERS BEACH, FL 33931

New Mailing Address:

ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DRIVE

TAMPA, FL 33634

225 WATER STREET STE. #1800

JACKSONVILLE, FL 32202 US

FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HULL, DAVID J HULL, DAVID J SMITH, HULSEY, & BUSEY

FEI Number Applied For ()

SMITH, HULSEY, & BUSEY

225 WATER STREET ST, SUITE #1800

JACKSONVILLE, FL 32202 US

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: 02/25/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete VC (X) Change () Addition JORGENSEN, ERIK BURGES, JACK Name: Name:

PO BOX 1503 Address: 16151 BENTWOOD PALMS DRIVE Address:

City-St-Zip: FORT MYERS, FL 33902 City-St-Zip: FORT MYERS, FL 33908

Title: Title: (X) Change () Addition () Delete PACK, R. WALLACE Name: BURGES, JACK Name:

Address: PO BOX 1871 Address: PO BOX 1503 FORT MYERS, FL 33902 City-St-Zip: City-St-Zip: FORT MYERS, FL 33902

Title: () Delete Title: (X) Change () Addition

JORGENSEN, FRANK PACK, R. WALLACE Name: Name:

16151 BENTWOOD PALMS DR Address: Address: PO BOX 1871 City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS BEACH, FL 33931

() Delete (X) Change () Addition Title: Title: STANDER, OB Name: Name: METHENY, MARVIN

5915 BENJAMIN CENTER DR 1470 ROYAL PALM SQUARE BLVD Address: Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: FORT MYERS, FL 33919

Title: () Delete Title: (X) Change () Addition MCGAHA, JOHNNY MCGAHA, JOHNNY Name: Name:

19501 TREELINE BLVD S 3164 RIVER GROVE CIRCLE Address: Address: City-St-Zip: FT MYERS, FL 339656565 City-St-Zip: FORT MYERS, FL 33905

Title: () Delete Title: () Change (X) Addition

STANDER, O.B. Name: Name:

Address: Address: 5915 BENJAMIN CENTER DRIVE

TAMPA, FL 33634 City-St-Zip: 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: O.B. STANDER D 02/25/2009