

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42208

FILED
Mar 10, 2010
Secretary of State

Entity Name: AMI KIDS SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

SOUTHWEST FLORIDA MARINE INSTITUTE
1190 MAIN ST
FORT MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

ASSOCIATED MARINE INSTITUTES
5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-3052865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULL, DAVID J
SMITH, HULSEY, & BUSEY
225 WATER STREET ST, SUITE #1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: JORGENSEN, ERIK
Address: 16151 BENTWOOD PALMS DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: P
Name: BURGESS, JACK
Address: PO BOX 1503
City-St-Zip: FORT MYERS, FL 33902

Title: S
Name: PACK, R. WALLACE
Address: PO BOX 1871
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: T
Name: METHENY, MARVIN
Address: 1470 ROYAL PALM SQUARE BLVD
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: MCGAHA, JOHNNY
Address: 3164 RIVER GROVE CIRCLE
City-St-Zip: FORT MYERS, FL 33905

Title: D
Name: STANDER, O.B.
Address: 5915 BENJAMIN CENTER DRIVE
City-St-Zip: TAMPA, FL 33634

I hereby 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 all other like empowered.

SIGNATURE: O.B. STANDER

D

03/10/2010

Electronic Signature of Signing Officer or Director

Date