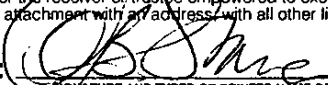


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-17-2008 90024 029 ****61.25

DOCUMENT # N45920 1. Entity Name ASSOCIATED MARINE INSTITUTES FOUNDATION, INC.					
Principal Place of Business 12022 GANDY BLVD SAINT PETERSBURG, FL 33702 US			Mailing Address 5915 BENJAMIN CENTER DR. ASSOCIATED MARINE INSTITUTE TAMPA, FL 33634 US		
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 59-3525382	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HULL, DAVID J 225 WATER STREET, STE. 1800 JACKSONVILLE, FL 32202			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> 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	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, DANIEL J.		NAME	O.B. Stander	
STREET ADDRESS	2150 WRIGHTS MICC CR		STREET ADDRESS	5915 BENJAMIN CTR. Dr.	
CITY-ST-ZIP	ATLANTA, GA 30224		CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	C	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, NEWTON		NAME	CHARLES WEBSTER	
STREET ADDRESS	8183 EL CAJON DR		STREET ADDRESS	420 W. BRANDON BLVD. #203	
CITY-ST-ZIP	BATON ROUGE, LA 70815		CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ROBERT WEAVER	
STREET ADDRESS			STREET ADDRESS	5915 BENJAMIN CENTER DR.	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL 33634	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			3/5/08 813-887-3300 <small>Date Daytime Phone #</small>		