

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45920

FILED
Feb 24, 2009
Secretary of State

Entity Name: ASSOCIATED MARINE INSTITUTES FOUNDATION, INC.

Current Principal Place of Business:

12022 GANDY BLVD
SAINT PETERSBURG, FL 33702 US

New Principal Place of Business:

5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634 US

Current Mailing Address:

5915 BENJAMIN CENTER DR.
ASSOCIATED MARINE INSTITUTE
TAMPA, FL 33634 US

New Mailing Address:

5915 BENJAMIN CENTER DRIVE
ASSOCIATED MARINE INSTITUTES
TAMPA, FL 33634 US

FEI Number: 59-3525382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULL, DAVID J
225 WATER STREET, STE. 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: D () Delete
Name: THOMPSON, DANIEL J.
Address: 2150 WRIGHTS MICC CR
City-St-Zip: ATLANTA, GA 30224

Title: C () Delete
Name: THOMAS, NEWTON
Address: 8183 EL CAJON DR
City-St-Zip: BATON ROUGE, LA 70815

Title: D () Delete
Name: STANDER, O.B.
Address: 5915 BENJAMIN CTR DR
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: WEBSTER, CHARLES
Address: 420 W BRACKON BLVD 203
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: WEAVER, ROBERT
Address: 5915 BENJAMIN CTR DR
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: THOMPSON, DANIEL J
Address: 2150 WRIGHTS MILL CR
City-St-Zip: ATLANTA, GA 30224

Title: D (X) Change () Addition
Name: THOMAS, NEWTON
Address: 8183 EL CAJON DRIVE
City-St-Zip: BATON ROUGE, LA 70815

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

Title: D (X) Change () Addition
Name: WEBSTER, CHARLES
Address: 146 SECOND STREET N. SUITE 310
City-St-Zip: ST. PETERSBURG, FL 33701

Title: () Change () Addition
Name:
Address:
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

02/24/2009

Electronic Signature of Signing Officer or Director

Date