

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45920

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Entity Name:** AMIKIDS FOUNDATION, INC.

**Current Principal Place of Business:**

5915 BENJAMIN CENTER DRIVE  
TAMPA, FL 33634 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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: C  
Name: THOMPSON, DANIEL J  
Address: 2150 WRIGHTS MILL CR  
City-St-Zip: ATLANTA, GA 30224

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

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

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

Title: D  
Name: WEAVER, ROBERT  
Address: 5915 BENJAMIN CTR DR  
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