

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                      |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N93000002539</b><br>1. Entity Name<br><b>GREATER TAMPA BAY MARINE ADVISORY COUNCIL<br/>PORTS, INC.</b> |  |
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|                                                                                                                             |                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>UNIV OF SO FL/DEPT OF MARINE SCIENCE<br/>140 7TH AVE S<br/>ST PETERSBURG, FL 33701 US</b> | Mailing Address<br><b>UNIV OF SO FL/DEPT OF MARINE SCIENCE<br/>140 7TH AVE S<br/>ST PETERSBURG, FL 33701 US</b> |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|



04222005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number<br><b>59-3187770</b>                                                                  | Applied For<br><b>Not Applicable</b> |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional<br/>Fee Required</b> |                                      |

|                                                                                                                                                     |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>BUCK, JEFFERY E<br/>UNIV SO FL/DEPT OF MARINE SCIENCE<br/>140 AVE S<br/>ST PETE, FL 33701</b> | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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.

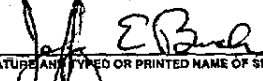
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                     |                                                                                                                            |                                                   |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | <b>U000000336958<br/>04/27/05-80148-008 61.25</b> |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                           |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DCOO<br/>LUTHER, MARK<br/>USF/DEPT MARINE SCIENCE 1407TH AVE S<br/>ST PETE, FL</b>                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DCEO<br/>BUCK, JEFFERY E<br/>USF DEPT MARINE SCIENCE 140 7TH AVE S<br/>ST PETERSBURG, FL 33701</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>GORDON, GRAY<br/>USF DEPT MARINE SCIENCE 140 7TH AVE S<br/>SAINT PETERSBURG, FL 33701</b>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MCDONALD, PAUL<br/>USF DEPT MARINE SCIENCE 140 7TH AVE S<br/>ST PETERSBURG, FL 33701</b>         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>FIDLER, STEVE<br/>USF DEPT MARINE SCIENCE 140 7TH AVE S<br/>ST PETERSBURG, FL 33701</b>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BUFFINGTON, MICHAEL<br/>USF DEPT MARINE SCIENCE 140 7TH AVE S<br/>SAINT PETERSBURG, FL 33701</b> |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Jeffery E Buck** **4/20/05** **813-870-8343**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #