## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N93000002539

1. Entity Name

GREATER TAMPA BAY MARINE ADVISORY COUNCIL PORTS, INC.



Principal Place of Business

UNIV OF SO FL/DEPT OF MARINE SCIENCE 140 7TH AVE S

ST PETERSBURG, FL 33701 US

Mailing Address

UNIV OF SO FL/DEPT OF MARINE SCIENCE 140 7TH AVE S

ST PETERSBURG, FL 33701 US

04262006 No Chg-NP

BANN BANSA (LAAN ANNAA NINA PANNA AN NE

CR2E037 (11/05)

**FILED** 

May 01, 2006 08:00 Al Secretary of State

4. FEI Number | Applied For | 59-3187770 | Not Applicable

## DO NOT WRITE IN THIS SPACE

| 6. | Name and | Address of | Current Reg | iste | red | A | gen | t |
|----|----------|------------|-------------|------|-----|---|-----|---|
|    |          |            |             |      |     |   |     |   |

BUCK, JEFFERY E UNIV SO FL/DEPT OF MARINE SCIENCE 140 AVE S ST PETE, FL 33701

## DO NOT WRITE IN THIS SPACE

|  | +  |  |   |  |
|--|--|--|---|--|
|  | named entity submits this statement for<br>tions of registered agent.                | the purpose of changing its register                 | ed office or registered agent, or bo          | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE.                                     | Signature, typed or printed name of registered agent a                               | nd title if applicable. (NOTE, Registers             | ed Agent signature required when reinstating) | DATE   |
|  | Filing Fee is \$61.25<br>Due by May 1, 2006  | Election Campaign Final     Trust Fund Contribution. |   |  |
| 10.  | OFFICERS AND I   | DIRECTORS  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | DCOO<br>LUTHER, MARK<br>USF/DEPT MARINE SCIENCE 14<br>ST PETE, FL                    | 107TH AVE S  |   | U00000550465   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DCEO<br>BUCK, JEFFERY E<br>USF DEPT MARINE SCIENCE 14<br>ST PETERSBURG, FL 33701     | 10,7TH AVE S   |   | 05/13/06-80057-025 61.25                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GORDON, GRAY<br>USF DEPT MARINE SCIENCE 14<br>SAINT PETERSBURG, FL 33701        |  | DO  | NOT WRITE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MCDONALD, PAUL<br>USF DEPT MARINE SCIENCE 14<br>ST PETERSBURG, FL 33701         | 0 7TH AVE S  | IN .  | THIS SPACE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FIDLER, STEVE<br>USF DEPT MARINE SCIENCE 14<br>ST PETERSBURG, FL 33701          | 0 7TH AVE S  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | D<br>BUFFINGTON, MICHAEL<br>USF DEPT MARINE SCIENCE 14<br>SAINT PETERSBURG, FL 33701 |  | omestani dostoričiť is čiričite stri          | Florida Statutes. I further certify that the information     |

indicated on this report or supplied with this initing does not quality 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 within address, with all other like empowered.

| Si  | $\sim$ 1 |    | T   | 1 1 | D |   |   |
|-----|----------|----|-----|-----|---|---|---|
| -31 | tsi      | V) | ۱i. | u   | ĸ | c | Ξ |

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR BIRECTOR

Oaytıme Phone #