
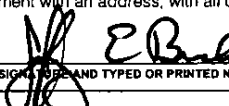


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90852 040 ****61.25

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				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-3187770			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BUCK, JEFFERY E UNIV SO FL/DEPT OF MARINE SCIENCE 140 AVE S ST PETE, FL 33701			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	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			DATE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2007		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	DCOO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LUTHER, MARK		NAME				
STREET ADDRESS	USF/DEPT MARINE SCIENCE 1407TH AVE S		STREET ADDRESS				
CITY-ST-ZIP	ST PETE, FL		CITY-ST-ZIP				
TITLE	DCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BUCK, JEFFERY E		NAME				
STREET ADDRESS	USF DEPT MARINE SCIENCE 140 7TH AVE S		STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG, FL 33701		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GORDON, GRAY		NAME				
STREET ADDRESS	USF DEPT MARINE SCIENCE 140 7TH AVE S		STREET ADDRESS				
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCDONALD, PAUL		NAME				
STREET ADDRESS	USF DEPT MARINE SCIENCE 140 7TH AVE S		STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG, FL 33701		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FIDLER, STEVE		NAME				
STREET ADDRESS	USF DEPT MARINE SCIENCE 140 7TH AVE S		STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG, FL 33701		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BUFFINGTON, MICHAEL		NAME				
STREET ADDRESS	USF DEPT MARINE SCIENCE 140 7TH AVE S		STREET ADDRESS				
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		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: 		JEFFERY E BUCK		4/24/07 813-983-6343			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			