## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000003179

Entity Name: AMIKIDS WEST FLORIDA, INC.

FILED Mar 10, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

WEST FLORIDA WILDERNESS INSTITUTE 1912 OLD MT. ZION RD PONCE DE LEON, FL 32455

Current Mailing Address: New Mailing Address:

ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634

FEI Number: 59-3191292 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HULL, DAVID J SMITH, HULSEY, & BUSEY 225 WATER STREET STE.,#1800 JACKSONVILLE, FL 32202 US

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: HEMANES, DOUG Address: 2471 BARFIELD ROAD City-St-Zip: BONIFAY, FL 32425

Title:

 Name:
 WEST, JEAN

 Address:
 1896 HIGHWAY 90

 City-St-Zip:
 WESTVILLE, FL 32464

Title:

 Name:
 MICHEL, MIKE

 Address:
 9633 DAVENPORT AVR

 City-St-Zip:
 YOUNGSTOWN, FL 32466

Title:

Name: GULKIS, NORM Address: P O BOX 15932

City-St-Zip: PANAMA CITY, FL 32406

Title: [

 Name:
 CATHERINE, WYNNE

 Address:
 1587 REDDICK MILL ROAD

 City-St-Zip:
 GRACEVILLE, FL 32440

Title: [

Name: STANDER, O. B

Address: 5915 BENJAMIN CENTER DRIVE

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