2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003180

Entity Name: NEW PORT RICHEY MARINE INSTITUTE, INC.

FILED Feb 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5324 SUNSET RD NEW PORT RICHEY, FL 34652 **Current Mailing Address: New Mailing Address:** 5915 BENJAMIN CENTER DR TAMPA, FL 33634 FEI Number: 59-3191294 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 AND BUSEY 226 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MILLS, STANLEY WILLIAMS, STEPHEN Name: Name: 7241 AUBURN LN. Address: 6131 US HIGHWAY 19 Address: City-St-Zip: NEW PT RICHEY, FL 34654 City-St-Zip: PORT RICHEY, FL 34652 Title: Title: (X) Change () Addition () Delete YOUNG, BOB DR Name: MILLS, STANLEY Name: Address: 13910 LAKESHORE BLVD, BLDG 100, STE 130 Address: 7241 AUBURN LANE City-St-Zip: HUDSON, FL 34667 City-St-Zip: NEW PORT RICHEY, FL 34654 Title: () Delete Title: (X) Change () Addition MILLS, JEANNIE MILLS, JEANNIE Name: Name: 7241 AUBURN LN 7241 AUBURN LANE Address: Address: NEW PORT RICHEY, FL 34654 City-St-Zip: City-St-Zip: NEW PORT RICHEY, FL 34654 Title: () Delete Title: (X) Change () Addition Name: HAMILTON, LEROY Name: HAMILTON, LEROY Address: 7512 STATE RD 52 Address: 7512 STATE RD 52 City-St-Zip: HUDSON, FL 34669 City-St-Zip: HUDSON, FL 34667 Title: () Delete Title: () Change (X) Addition YOUNG, ROBERT DR. Name: Name: 13910 LAKESHORE BLVD., BLDG. 100 Address: Address: City-St-Zip: City-St-Zip: HUDSON, FL 34667 Title: () Delete Title: () Change (X) Addition STANDER OB Name: Name: Address: Address: 5915 BENJAMIN CENTER DRIVE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

TAMPA, FL 33634

SIGNATURE: O.B. STANDER D 02/25/2009

City-St-Zip: