

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004447

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: AMI LAKELAND, INC.

## Current Principal Place of Business:

3301 HOMELAND GARFIELD ROAD  
P.O. BOX 671  
HOMELAND, FL 33847

## New Principal Place of Business:

618 N MASSACHUSETTS AVENUE  
LAKELAND, FL 33801

## Current Mailing Address:

ASSOCIATED MARINE INSTITUTES  
5915 BENJAMIN CENTER DRIVE  
TAMPA, FL 33634

## New Mailing Address:

FEI Number: 59-3208084      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: P ( ) Delete  
Name: KENDRICK, FRANK  
Address: 711 N. KENTUCKY AVE  
City-St-Zip: LAKELAND, FL 33801

Title: SD ( ) Delete  
Name: ESTREN, JUDY L  
Address: 5915 BENJAMIN CENTER DRIVE  
City-St-Zip: TAMPA, FL 33634

Title: TD ( ) Delete  
Name: GRIFFIN, WILLIAM L  
Address: 5915 BENFAMIN CTR DR  
City-St-Zip: TAMPA, FL 33634

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: STANDER, O.B.  
Address: 5915 BENJAMIN CENTER DRIVE  
City-St-Zip: TAMPA, FL 33634

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: O.B. STANDER

PD

02/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date