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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003747 (2)

1. Corporation Name

EAST ORLANDO MARINE INSTITUTE, INC.



Principal Place of Business

6049 RANDOLPH ST.
ORLANDO FL 32809

Mailing Address

6049 RANDOLPH ST.
ORLANDO FL 32809

3. Date Incorporated or Qualified

07/28/1994

4. FEI Number

59-3257953

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HULL, DAVID J
227 S. CALHOUN ST.
MACFARLANE, AUSLEY, ET AL.
TALLAHASSEE FL 32302

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME IOPOLO, FRANK J
STREET ADDRESS 111 N ORANGE AVE, SUITE #2050
CITY-ST-ZIP ORLANDO FL

TITLE ☒ DELETE

NAME MCCALL, MERCEDES F
STREET ADDRESS 1681 S ORANGE AVE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME WASHINGTON, HERBERT L
STREET ADDRESS 649 W LIVINGSTON ST
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME D WEAVER, ROBERT S
STREET ADDRESS 5915 BENJAMIN CENTER DR
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

See Attachment

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert S. Weaver

4/23/98

813-887-3300

Daytime Phone # 0012503

CR2E037 (10/97)

EAST Orlando Marine Institute -

6049 Randolph Street, Orlando, FL 32809 -- Tel. (407) 858-9648 -- Fax (407) 855-8614

Board of Trustees

Mr. Alexander D. Butler
PaineWebber Inc.
111 North Orange Avenue
Suite 300
Orlando, FL 32801
Day: (407) 425-4600
Fax: (407) 839-0281

~~Mr. Roger E. Chapin
Vice Chairman
Darden Restaurants, Inc.
Government Relations
Post Office Box 593330
Orlando, FL 32859-3330
Day: (407) 245-4702
Fax: (407) 245-4462~~

Ms. Marcie Farrell
2309 Sweetwater Country Club Place
Apopka, FL 32712
Day: (407) 884-1611
Fax: (407) 884-6288

Ms. Charissa L. Hartmann
Ernst & Young, LLP
390 North Orange Avenue
Suite 1700
Orlando, FL 32801-1671
Day: (407) 872-6639
Fax: (407) 872-6626

Mr. Frank Ioppolo, Jr.
Greenberg & Traurig
111 North Orange Avenue
Suite 2050
Orlando, FL 32801
Day: (407) 420-1000
Fax: (407) 420-5909

Ms. Mercedes F. McCall
Secretary/Treasurer
Banco-Popular
5551 Vanguard Street
Suite 1000
Orlando, FL 32819
Day: (407) 370-8000
Fax: (407) 370-7453

Mr. Paul Mears, III
Mears Transportation
324 West Gore Street
Orlando, FL 32806
Day: (407) 422-4561
Fax: (407) 841-6851

Ms. Linda Pellegrini
Pelligrini Home Builders
5728 Major Boulevard
Suite 300
Orlando, FL 32819
Day: (407) 352-9100
Fax: (407) 363-9090

Mr. Reinaldo Rivero (Ray)
Orlando Police Department
100 South Hughey Avenue
Orlando, FL 32801
Day: (407) 246-2466
Fax: (407) 246-2732

Mr. O.B. Stander
Associated Marine Institutes
5915 Benjamin Center Drive
Tampa, FL 33634
Day: (813) 887-3300
Fax: (813) 889-8092
Alt. () 542-4888 Suncom

Representative William Sublette
2901 Curry Ford Rd.
Suite 210
Orlando, FL 32806
Day: (407) 897-0888
Fax: (407) 897-4389

Mr. Herbert L. Washington
Chairman
Community & Youth Services
649 West Livingston Street
Orlando, FL 32801
Day: (407) 246-2285
Fax: (407) 246-2875

Mr. Robert S. Weaver (Bob)
Associated Marine Institutes
5915 Benjamin Center Drive
Tampa, FL 33634
Day: (813) 887-3300
Fax: (813) 889-8092
Alt. () 542-4888 SUNCOM