

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000708

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: FLORIDA MARINE INTELLIGENCE UNIT, INC.

**Current Principal Place of Business:**

620 SO. MERIDIAN ST.  
TALLAHASSEE, FL 32399 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5677  
TALLAHASSEE, FL 32314

**New Mailing Address:**

FEI Number: 59-3304445

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ALFORD, TARA  
620 SO. MERIDIAN ST.  
TALLAHASSEE, FL 32399 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: SUBER, JIM  
Address: 1410 GATOR BOWL BLVD.  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP ( ) Delete  
Name: ULLERY, DIANNA  
Address: 1600 N. E. 23RD AVENUE  
City-St-Zip: GAINESVILLE, FL 32609 US

Title: D ( ) Delete  
Name: ALFORD, TARA  
Address: 620 SO. MERIDIAN ST.  
City-St-Zip: TALLAHASSEE, FL 32399 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DUPONT, MARK  
Address: 620 SO. MERIDIAN ST.  
City-St-Zip: TALLAHASSEE, FL 32399

Title: VP (X) Change ( ) Addition  
Name: BULLARD, DAVID  
Address: 620 SO. MERIDIAN ST.  
City-St-Zip: TALLAHASSEE, FL 32399 US

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: TARA ALFORD, SECRETARY/TREASURER

S/T

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date