2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004
Secretary of State

DOCUMENT# N95000002043

Entity Name: INSTITUTE SUPPORTING MARINE YOUTH TRAINING AND ACTIVITIES INC.

Current Principal Place of Business:

600 KINGSTON CT
APOLLO BEACH, FL 33572

New Principal Place of Business:

Current Mailing Address:

600 KINGSTON CT
APOLLO BEACH, FL 33572

New Mailing Address:

FEI Number: 59-3315388 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAMER, BILL
600 KINGSTON CT
APOLLO BEACH, FL 33572 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: D ( ) Delete
Name: KRAMER, WILLIAM G
Address: 600 KINGSTON CT
City-St-Zip: APOLLO BEACH, FL 33572

Title: S ( ) Delete
Name: CALLAHAN, SHARI
Address: 6612 SEA BIRD WAY
City-St-Zip: APOLLO BEACH, FL 33572

Title: T ( ) Delete
Name: WEMPLE, EARL
Address: 10413 SEDGEBROOK DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete
Name: OPPLIGER, FRED
Address: P.O. BOX 13623
City-St-Zip: ST PETERSBURG, FL 33733

Title: D ( ) Delete
Name: KLEIN, CHARLIE
Address: 2045 JEFFERSON AVE
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Delete
Name: GOODWIN, DANA
Address: 967 13510 GARRIS DR
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: BILL KRAMER RA 06/30/2004

Electronic Signature of Signing Officer or Director — Date