

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002043

FILED  
Mar 23, 2005  
Secretary of State

**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 (X)**

**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 (X) 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: P (X) Change ( ) Addition  
Name: KLEIN, CHARLES  
Address: 2045 JEFFERSON AVE  
City-St-Zip: DUNEDIN, FL 34698

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: CHARLES KLEIN

P

03/23/2005

Electronic Signature of Signing Officer or Director

Date