## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N95000003354** 

1. Entity Name



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Mar 17, 2008 8:00 am
Secretary of State
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03-17-2008 90024 038

BIG CYPI	RESS WILDERNESS INST	ITUTE, INC.						
Principal Plac 259595 TUR OCHOPEE, FI	NER RIVER ROAD	Mailing Address ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DR TAMPA, FL 33634			40047263			
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03042008 CI	hg-NP (	CR2E037 (12/06)	
City & Stat	e	City & State			4. FEI Number 59-332659	6	<del> </del>	pplied For lot Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired	□ \$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent		1	7. Name and Add	ress of New Regi	stered Agent	
11111 DAY	, np. 1		Name					
	VID J USLEY, & BUSEY ER ST. STE 1800		Street Add	dress (P.0	O. Box Number is	Not Acceptable)		
	VILLE, FL 32202			_				
			City				FL Zip Co	de
	named entity submits this statement for	or the purpose of changing its	registered office or re	registered	agent, or both, in	the State of Florida	a. I am familiar with	, and accept
the obligat	tions of registered agent.							
SIGNATURE .		<del> </del>	<del> </del>					
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature	e required wh	nen reinstating)		DATÉ	
:	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008		npaign Financing	\$	55.00 May Be		e check payable Department of S	
10.	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	npaign Financing	□ \$ □ A	55.00 May Be dded to Fees	Florida	e check payable	State
10.	Filing Fee is \$61.25	9. Election Can Trust Fund C	npaign Financing Contribution.	□ \$ □ A	55.00 May Be dded to Fees	Florida	e check payable Department of S	State
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

813-857-3350