

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 10, 2007 08:00 AM
Secretary of State**

DOCUMENT # N96000001600

1. Entity Name

NATIONAL MARINE INSTITUTE, INC.



Principal Place of Business

**3135 E ATLANTIC BLVD
POMPANO BEACH, FL 33062 US**

Mailing Address

**3135 E ATLANTIC BLVD
POMPANO BEACH, FL 33062 US**



05082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0648011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KNEEN, JEFFREY D
LEVY, KEEN, MARIANI, CURTIN
1400 CENTREPARK BLVD., STE. 1000
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KAMERLING, FRANK A
2921 NE 48TH STREET
LIGHTHOUSE POINT, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KAMERLING, CAROLE
2921 NE 48TH STREET
LIGHTHOUSE POINT, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWN, THOMAS E
76 PINWOOD LANE
GAHANNA, OH 43230**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PICCIOLO, LINDA L
2537 TORTUGAS LANE
FORT LAUDERDALE, FL 33312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000763659
05/30/07-80002-022 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/07

Date

954-788 8840

Daytime Phone #