

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90054 034 ****61.25

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1. Entity Name
GULF COAST MARINE INSTITUTE-SOUTH, INC.



Principal Place of Business
**220 BAHAMA STREET
VENICE, FL 34285**

Mailing Address
**ASSOCIATED MARINE INSTITUTES
5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03192007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0706618

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HULL, DAVID J
SMITH, HULSEY, & BUSEY
225 WATER STREET, STE 1800
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STANDER, OB	
STREET ADDRESS	5915 BENJAMIN CENTER DRIVE	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	D	<input type="checkbox"/> Delete
NAME	LILJEBERG, STACY	
STREET ADDRESS	1526 EASTBROOK DR.	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	<input type="checkbox"/> Delete
NAME	LONG, CLAY	
STREET ADDRESS	1924 HIBISCUS ST.	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLA, WILLIAMS	
STREET ADDRESS	3742 GLEN OAKS MANOR	
CITY-ST-ZIP	SARASOTA, FL 34282	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITAKER, DANIEL	
STREET ADDRESS	1350 RIDGEWOOD AVE.	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINGLE, HELEN	
STREET ADDRESS	915 KEY WAY	
CITY-ST-ZIP	NOKOMIS, FL 34275	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAN Schnoidor	
STREET ADDRESS	487 MEADOWLARK DR.	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL GOINS	
STREET ADDRESS	845 MAC EWE DR.	
CITY-ST-ZIP	SARASOTA, FL 34207	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

3/23/07

Date

813-887-3300

Daytime Phone #