

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000005859
 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

DO NOT WRITE IN THIS SPACE



01182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0706618	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

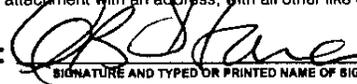
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 03/25/08-80086-002 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDOR, JAN 487 MEADOWLANK DR. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LILJEBERG, STACY 1526 EASTBROOK DR. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LONG, CLAY 1924 HIBISCUS ST. SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ELLA, WILLIAMS 3742 GLEN OAKS MANOR SARASOTA, FL 34282
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHITAKER, DANIEL 1350 RIDGEWOOD AVE. VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINGLE, HELEN 915 KEY WAY NOKOMIS, FL 34275

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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

Date: **3/5/08** Daytime Phone #: **813-887-3300**