

**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**



01182008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**65-0706618**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**HULL, DAVID J  
SMITH, HULSEY, & BUSEY  
225 WATER STREET, STE 1800  
JACKSONVILLE, FL 32202**

**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 May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000953248  
03/26/08-80086-002 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**

**DO NOT WRITE  
IN THIS SPACE**

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

3/5/08

813-8873300

Date

Daytime Phone #