


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

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N97000004891 1. Entity Name MARINE TECHNICAL INSTITUTE, INC.	
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Principal Place of Business 1915 S ANDREWS AVE FT LAUDERDALE, FL 33316 US	Mailing Address 1915 S ANDREWS AVE FT LAUDERDALE, FL 33316 US
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04302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0776083	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

**MORLEY, BEVERLY A
1915 S. ANDREWS AVE
FORT LAUDERDALE, FL 33316**

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

**Filing Fee is \$61.25
Due by May 1, 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	DP MORLEY, BEVERLY 1921 S ANDREWS AVE FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS BEAVERS, AMY M 1921 S ANDREWS AVE FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV MORLEY, TED 1921 S ANDREWS AVE FT LAUDERDALE, FL 33316
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IN THIS SPACE**

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05/21/07-80016-021 61.25

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:

Beverly A Morley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

954 766 9955
Date Daytime Phone #