

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90294 030 ****61.25

DOCUMENT # N98000006329

1. Entity Name
EMERALD COAST MARINE INSTITUTE, INC.



Principal Place of Business
**207 4TH ST SE.
FORT WALTON BEACH, FL 32548**

Mailing Address
**5915 BENJAMIN CENTER DR.
TAMPA, FL 33634**

20042470



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3531532

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME TONA, TOM
STREET ADDRESS 207 WALKEDGE DR.
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE ☐ Change ☒ Addition
NAME C Carmichael, Crale
STREET ADDRESS PO Box 1327
CITY-ST-ZIP FT. Walton Beach, FL 32549

TITLE D ☐ Delete
NAME STANDER, O.B.
STREET ADDRESS 5915 BENJAMIN CENTER DR.
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☐ Change ☒ Addition
NAME B Barlotta, Nick
STREET ADDRESS 1194 Eglw Parkway
CITY-ST-ZIP Shalimar, FL 32579

TITLE CD ☐ Delete
NAME HOOD, TAYLOR
STREET ADDRESS 212 HOLLYWOOD BLVD., SW
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE ☐ Change ☒ Addition
NAME D Abrams, Donald W II
STREET ADDRESS 1010 Miracle Strip Parkway, SE
CITY-ST-ZIP FT. Walton Beach FL 32548

TITLE T ☐ Delete
NAME EHLERS, JERRY
STREET ADDRESS 355 GARDNER DR. NE
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE ☐ Change ☒ Addition
NAME D Brauustien, Sid
STREET ADDRESS 4301 Legendary Dr
CITY-ST-ZIP Destin, FL 32541

TITLE T ☐ Delete
NAME FRIGGER, MICHAEL
STREET ADDRESS 17 RACETRAC RD., NW
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE ☐ Change ☒ Addition
NAME D Father michael cherup Jr
STREET ADDRESS 110 St Mary's Ave SW
CITY-ST-ZIP FT Walton Beach, FL 32548

TITLE T ☐ Delete
NAME GARVIE, WILLIAM
STREET ADDRESS 315 SE SHELL AVE.
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE ☐ Change ☒ Addition
NAME D Fountain, DON
STREET ADDRESS P.O. Box 546
CITY-ST-ZIP Crestview, FL 32536

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Daytime Phone #

4-18-05