## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9800006329  1. Entity Name EMERALD COAST MARINE INSTITUTE, INC.				04-22-2005 90294 030 ****61.25			
Principal Place of Business 207 4TH ST SE. FORT WALTON BEACH, FL 32548		Mailing Address 5915 BENJAMIN CENTER DR. TAMPA, FL 33634		20042470			
			<u>.                                    </u>				
2. Principal Place of Business	3. Mailing Address	•				} <b>        </b>	
Suite, Apt. #, etc.	Suite, Apt. #, el	C.		04182005	Chg-NP	CR2E037 (10	/03)
City & State	City & State		4. FEI Number 59-3531	532		Applied For Not Applicable	
Zip Country	Zip	Cou	intry	5. Certificate of	f Status Desired		5 Additional equired
i 6. Name and Address of Curren	it Registered Agent	ŀ	· ·	7. Name and A	Iddress of New R		
HILL, DAVID J		,	Name				
SMITH,HULSEY, & BUSEY 225 WATER STREET STE.,#1800			Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE, FL 32202			City				n Codo
						<u> </u>	p Code
The above named entity submits this statement the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent.				uired when reinstating)	,	DATE	
Filing Fee Is \$61.25  Due by May 1, 2005  9. Election Carr Trust Fund C		on Campaign F Fund Contributi					
10. OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHAP	NGES TO OFFICE	RS AND DIRECTO	DRS IN 10
TITLE PD  NAME TONA, TOM  STREET ADDRESS 207 WALKEDGE DR.	☐ Delet	NAMI	E Co	rmichaul,	Gayle	□ C	• –
CITY-ST-ZIP FORT WALTON BEACH, FL 3:	2548			, , , , , , , , , , , , , , , , , , , ,	15/4 CD . I		
TIRE D				Malton			
NAME STANDER, O.B.	Delet		<b>B</b>	walton i		<sup>L</sup> 32549 □°	
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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 appliemental 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 trustice 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 abdress with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05

Daytime Phone #