2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2006 8:00 am Secretary of State

DOCUMENT # N9800006329 1. Entity Name EMERALD COAST MARINE INSTITUTE, INC.				02	2-09-2006 90034	4 039 ****61.	25
Principal Place of Business 207 4TH ST SE. FORT WALTON BEACH, FL 32548 Mailing Address 5915 BENJAMIN CENTER DR. TAMPA, FL 33634			DR.		,	4118 81188 1119 14819 14819	(*** ** ****)
2. Principal F	Place of Business	3. Mailing Address					
					18111 48411 88113 88111 88111 B		1181 BJ (681
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062006 C	hg-NP CR	2E037 (11/05)	
City & State		City & State		4. FEI Number 59-353153	32		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 add	litional
	6. Name and Address of Current R	egistered Agent		7. Name and Add	iress of New Registe		
HILL, DAVID J SMITH,HULSEY, & BUSEY 225 WATER STREET STE.,#1800 JACKSONVILLE, FL 32202			Name	Name			
			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Code	Э
8. The above the obligation SIGNATURE	e named entity submits this statement for titions of registered agent.	the purpose of changing its re	egistered office or regi	istered agent, or both, in	the State of Florida.	l am familiar with,	and accept
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signature rec	quired when reinstating)	0	ATE	· · · · · · · · · · · · · · · · · · ·
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10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE	9. Election Camp Trust Fund Cor	paign Financing ntribution.	\$5.00 May Be Added to Fees	Make c Florida Do ES TO OFFICERS AN	heck payable to epartment of St D DIRECTORS IN	10
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is frue 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 recovery or further than the same legal effect as if made under oath; that I am an officer or director of the corporation or the recovery of private employered 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: \(\triangle\)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/06

813.887.3300

Daytime Phone #