
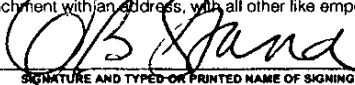


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90024 039 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HILL, DAVID J SMITH, HULSEY, & BUSEY 225 WATER STREET STE. #1800 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right;"> Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFSTAD, JOANN			NAME	
STREET ADDRESS	1915 SPILLER WAY			STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANDER, O.B.			NAME	
STREET ADDRESS	5915 BENJAMIN CENTER DR.			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634			CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALEY, DEANNA			NAME	
STREET ADDRESS	626 ANCHORS ST N.W.			STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548			CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHLERS, JERRY			NAME	
STREET ADDRESS	355 GARDNER DR. NE			STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONDALL, JILL			NAME	
STREET ADDRESS	815 N. BEAL PARKWAY			STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 				Date: 3/15/08 Daytime Phone #: 813-857-3300	