2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N98000006329

Entity Name: EMERALD COAST MARINE INSTITUTE, INC.

Current Principal Place of Business:

207 4TH ST SE.
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

207 4TH ST SE
FORT WALTON BEACH, FL 32548

Current Mailing Address:

5915 BENJAMIN CENTER DR.
TAMPA, FL 33634

New Mailing Address:

5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634

FEI Number: 59-3531532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STANDER, O.B.
Address: 5915 BENJAMIN CENTER DR.
City-St-Zip: TAMPA, FL 33634

Title: P ( ) Delete
Name: KONDALL, JILL
Address: 815 N. BEAL PARKWAY
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: HIPSH, WHITNEY
Address: 1283 NORTH EGLIN PARKWAY
City-St-Zip: SHALIMAR, FL 32579

Title: P (X) Change ( ) Addition
Name: WESSON, AMANDA
Address: 133 RACETRACK ROAD N.W.
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D ( ) Change (X) Addition
Name: BATY, MICHAEL J JR
Address: 127 MIRACLE STRIP PARKWAY SUITE N-5
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Change (X) Addition
Name: STANDER, O.B.
Address: 5915 BENJAMIN CENTER DRIVE
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: O.B. STANDER D 04/14/2009

Electronic Signature of Signing Officer or Director — Date