


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # N99000000459<br>1. Entity Name<br>COASTAL OPERATIONS INSTITUTE, INC. |  |
|---|---|

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|---|--|
| Principal Place of Business<br>6703 W. HWY. 98<br>BLDG 469<br>PANAMA CITY, FL 32407 | Mailing Address<br>PO BOX 32069<br>PANAMA CITY, FL 32407 |
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04202005 No Chg-NP CR2E037 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3573554 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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| 6. Name and Address of Current Registered Agent<br><br>COVERT, HAROLD D<br>P.O. BOX 32069<br>PANAMA CITY, FL 32407 |
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IN THIS SPACE**

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**

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>ARTMAN, DAVID H<br>430 WEST 5TH ST<br>PANAMA CITY, FL 32401           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | C<br>DANTZLER, LARRY N<br>3000 S. HWY 77<br>LYNN HAVEN, FL 32444           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>MCSPADDEN, ROBERT PH.D<br>5230 WEST HWY. 98<br>PANAMA CITY, FL 32401  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>ARNOLD, LARRY MAJGEN<br>3705 RIVERWOOD COURT<br>ALEXANDRIA, VA 22309  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S/T<br>COVERT, HAROLD D<br>P.O. BOX 32069<br>PANAMA CITY, FL 32407         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>WRIGHT, EDWARD PH.D<br>4750 COLLEGIATE DRIVE<br>PANAMA CITY, FL 32405 |

1100000328561  
04/25/05-80093-009 61.25

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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 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:** Harold D. Covert Harold D. Covert April 20, 2005 850-527-2377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #