2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000003778

1. Entity Name
THE INSTITUTE FOR MARITIME INSURANCE STUDIES, INC.

Principal Place of Business	Mailing Address
9600 KOGER BLVD.,STE.225 ST.PETERSBURG, FL 33702	P.O. BOX 55485 ST PETERSBURG, FL 33732

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01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3579681
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREENWAY, IAN R
9600 KOGER BLVD.,STE.225
ST.PETERSBURG, FL 33702

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARDNER, ANDY
STREET ADDRESS	PRENTIS DONEGAN,6 ALIE STREET
CITY-ST-ZIP	LONDON EL 8DD,
TITLE	DP
NAME	GREENWAY, IAN
STREET ADDRESS	9600 KOGER BLVD.,STE.225
CITY-ST-ZIP	ST.PETERSBURG, FL 33702
TITLE	DST
NAME	WILTBERGER, CASS
STREET ADDRESS	100 CRESCENT CNTR.PKWY.,STE.1000
CITY-ST-ZIP	TUCKER, GA 30084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/04-80015-001 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: _____ JAN 20 2004 727-578-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #