FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # N9900006459 1. Entity Name GULF COAST MARINE HERITAGE EDUCATION ALLIANCE, I 04-16-2002 90103 044 ****61.25 NC. Principal Place of Business 1 Mailing Address 1241 TALL PINES TRAIL POST OFFICE BOX 1613 **GULF BREEZE FL 32561** GULF BREEZE FL 32562 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3606259 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RICHARDSON, ROCK 1241 TALL PINES TRAIL **GULF BREEZE FL 32561** Zip Code City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Defete TITLE IRICHARDSON, ROCK NAME NAME STREET ADDRESS POST OFFICE BOX 1613 N/A STREET ADDRESS CITY-ST-ZIP GULFBREEZE FL 32561 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE MCDAVID, PETER STREET ADDRESS POST OFFICE BOX 13046 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32591 TITLE ☐ Delete ☐ Change TITLE Addition BEARD, MICHAEL NAME NAME STREET ADDRESS |POST OFFICE BOX 13387 N/A STREET ADDRESS CiTY-ST-ZIP PENSACOLA FL 32591 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition PRESTON, WILLIAM NAME NAME STREET ADDRESS 60 SHORELINE DRIVE STREET ADDRESS CITY-ST-ZIP Gulf Breeze FL 32562 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 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!