I hereby certify that the information indicated on this report or supplemental report is true and acc		
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to ex	Recute this report as required by Chapter 617, Florid	la Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: JAMES G NEWMAN	DPT	03/20/2014

SIGNATURE: JAMES G NEWMAN

I

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	DPT	Title	DVS
Name	NEWMAN, JAMES G	Name	MCCOY, REBECCA
Address	4768 BAYWOOD POINT DR S	Address	4768 BAYWOOD PT. DR. SO.
City-State-Zip:	GULFPORT FL 33711	City-State-Zip:	GULFPORT FL 33711
Title	D		
Name	TRINQUE, ARTHUR		
Address	2818 46TH ST. S.		
City-State-Zip:	GULFPORT FL 33711		

# **Current Principal Place of Business:**

3120 MIRIAM ST. S. GULFPORT, FL 33711

### **Current Mailing Address:**

4768 BAYWOOD POINT DR. S. GULFPORT. FL 33711 US

#### FEI Number: 59-3249861

## Name and Address of Current Registered Agent:

NEWMAN, JAMES G 4768 BAYWOOD POINT. DR. S. GULFPORT, FL 33711 US

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.

# Entity Name: GULFPORT MARINE TRAINING & RESCUE GROUP, INC.

**DOCUMENT# 704353** 

# 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### FILED Mar 20, 2014 Secretary of State CC9661883143

Date

Certificate of Status Desired: No

Date