2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002539

Entity Name: GREATER TAMPA BAY MARINE ADVISORY COUNCIL PORTS,

INC.

Mar 13, 2024 Secretary of State 2833170507CC

FILED

Current Principal Place of Business:

UNIV OF SO FL/DEPT OF MARINE SCIENCE

140 7TH AVE S

ST PETERSBURG, FL 33701

Current Mailing Address:

UNIV OF SO FL/DEPT OF MARINE SCIENCE 140 7TH AVE S ST PETERSBURG, FL 33701 US

FEI Number: 59-3187770 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUFFINGTON, JOHN M UNIV SO FL/DEPT OF MARINE SCIENCE 140 AVE S ST PETE. FL 33701 US

140 7TH AVE S

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: JOHN M. BUFFINGTON 03/13/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

 Title
 DIRECTOR
 Title
 PRESIDENT, DIRECTOR

 Name
 LUTHER, MARK
 Name
 BUFFINGTON, JOHN M

Address UNIV OF SO FL/DEPT OF MARINE Address UNIV OF SO FL/DEPT OF MARINE

SCIENCE SCIENCE 140 7TH AVE S 140 7TH A

140 7TH AVE S 140 7TH AVE S

City-State-Zip: ST PETERSBURG FL 33701 City-State-Zip: ST PETERSBURG FL 33701

TitleD, SECRETARYTitleD, TREASURERNameGIULAINI, BRIAN G.NameTIBBETT, PETER

Address UNIV OF SO FL/DEPT OF MARINE Address UNIV OF SO FL/DEPT OF MARINE

SCIENCE SCIENCE
140 7TH AVE S 140 7TH AVE S

City-State-Zip: ST PETERSBURG FL 33701 City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR Title DIRECTOR, VP

Name WHITE, JERE M Name BREAUX, THOMAS BRADY

Address UNIV OF SO FL/DEPT OF MARINE Address UNIV OF SO FL/DEPT OF MARINE

SCIENCE SCIENCE 140 7TH AVE S 140 7TH AVE S

City-State-Zip: ST PETERSBURG FL 33701 City-State-Zip: ST PETERSBURG FL 33701

TitleDIRECTORTitleDIRECTORNameFLUKE, TERRY W.NameSMITH, SHAWN

Address UNIV OF SO FL/DEPT OF MARINE SCIENCE Address UNIV OF SO FL/DEPT OF MARINE SCIENCE

SCIENCE 140 7TH AVE S

City-State-Zip: ST PETERSBURG FL 33701 City-State-Zip: ST PETERSBURG FL 33701

Continues on page 2

I hereby 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 all other like empowered.

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name KENNA, RYAN C

Address 140 7TH AVENUE SOUTH

City-State-Zip: SAINT PETERSBURG FL 33701