

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766718 (1)

1. Corporation Name

UNITED STATES PROFESSIONAL DIVING COACHES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% JOE GREENWELL
405 BEVERLY BLVD.
BRANDON FL 33511

% JOE GREENWELL
405 BEVERLY BLVD.
BRANDON FL 33511

3. Date Incorporated or Qualified
01/26/1983

3a. Date of Last Report
09/18/1995

2. Principal Place of Business

2a. Mailing Address

21 c/o Dave Ardrey

26 c/o Dave Ardrey

4. FEI Number

58-1801343

Applied For

Not Applicable

Suite, Apt. #, etc.

22 2003 Walnut

Suite, Apt. #, etc.

27 2003 Walnut

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 Murphysboro, IL

City & State

28 Murphysboro, IL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip 62966

Country USA

Zip 62966

Country USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENWELL, JOE
405 BEVERLY BLVD.
BRANDON FL 33511

81 Name

David Burgering

82 Street Address (P.O. Box Number is Not Acceptable)

5100 Coronado Ridge

83

84 City

Boca Raton

FL

85

Zip Code
33086

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/28/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ARDREY, DAVE
STREET ADDRESS 2003 WALNUT
CITY - ST - ZIP MURPHYSBORO IL 62966

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VPD
NAME BURGERING, DAVE
STREET ADDRESS 5100 CORONADO RIDGE
CITY - ST - ZIP BOCA RATON FL 33086

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE VPD
NAME KETRICK, BOB
STREET ADDRESS 11751 MOSSY CREEK LANE
CITY - ST - ZIP RESTON VA 22091-2950

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE TD
NAME VOELLMECKE, STEVE
STREET ADDRESS 6535 DONJOY DRIVE
CITY - ST - ZIP CINCINNATI OH 45242

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

200001914812
-08/07/96--01015--006
***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/28/96 404 750-1060

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CR2E037 (3/96)