

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04164** (2)

1. Corporation Name

CAVE DIVING SECTION OF THE NATIONAL SPELEOLOGICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

P O BOX 950
BRANFORD FL 32008-7950

P O BOX 950
BRANFORD FL 32008-0950



3. Date Incorporated or Qualified **07/13/1984** 3a. Date of Last Report **11/06/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2437883	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BREWER, DAVID G
1420 SOUTH FIRST STREET
LAKE CITY FL 32025**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD ☐ DELETE	1.1 TITLE	S/T/D ☐ Change ☒ Addition
NAME	HIRES, LAMAR	1.2 NAME	LONG, ANNETTE
STREET ADDRESS	RT 14 BOX 162	1.3 STREET ADDRESS	01363 SPRING LAKE ROAD
CITY-ST-ZIP	LAKE CITY FL 32055	1.4 CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	TSD ☒ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	BROOME, GENE	2.2 NAME	JABLONSKI, JARROD
STREET ADDRESS	408 PLANT STREET	2.3 STREET ADDRESS	7607 NW 29th Place
CITY-ST-ZIP	BRANFORD FL	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	D ☐ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME	BUTT, PETE	3.2 NAME	DITTNER, STEVE
STREET ADDRESS	P.O. BOX 1057 N/A	3.3 STREET ADDRESS	492 HOLBROOK CIRCLE
CITY-ST-ZIP	HIGH SPRINGS FL 32855	3.4 CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, WAYNE	4.2 NAME	
STREET ADDRESS	209 MARGARET ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	4.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	JASPER, WOODY	5.2 NAME	
STREET ADDRESS	23534 N.W. 198TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LONDON, SCOTT J	6.2 NAME	200002219452
STREET ADDRESS	6980 SALIDA LANE	6.3 STREET ADDRESS	-06/23/97--01031--033
CITY-ST-ZIP	BEAUMONT TX	6.4 CITY-ST-ZIP	***61.25

14. I do 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 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.

CR2E037 (9/96)