NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # NO4164

1. Corporation Name

CAVE DIVING SECTION OF THE NATIONAL SPELEOLOGICA L SOCIETY, INC.

Principal Place of Business

Mailing Address

P O BOX 950 BRANFORD FL 32008-7950 P O BOX 950 BRANFORD FL 32008-7950

## FILED Mar 12, 1999 8:00 am Secretary of State

03-12-1999 90014 039 \*\*\*\*61.25 03-12-1999 90014 040 \*\*\*\*8.75

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2 Principal Pl	pal Place of Business 2a. Mailing Address		3. Date Incorporated or Qualifed							
- Pilitopai Fi	Place of Business 26				07/13/1984			į		
Suite, Apt.	te, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	<del></del>	Ap	olied For		
27				59-2437883		Not Applicable				
City & State				5. Certificate of Status Desired		\$8.75 Additional Fee Required				
Zip	Country	Zip Country		6. Election Campaign Finance	ing _	\$5.00	May Be			
.4	25				Trust Fund Contribution Added to Fees					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
			8	Name	PUCE RYAN			ļ		
LONG, ANNETTE M			82 Street Address (P.O. Box Number is Not Acceptable).							
1363 SPRING LAKE RD			5	5380 GROVE VALLEY ROAD						
FRUITLAN	D PARK FL 34731		8:	3	•	· :		į		
			84	4 City _			85 Zig (	ode		
				/	LLAHASSEE	FL	_     3% c	303		
11. Pursuant t	to the provisions of Sections 517.0502	and 617.1508, Florida Statutes,	the abor	ve-named	poration submits this statement for	the purpose of ccept the appoi	changing its ntment as red	registered sistered		
agent. I ar	ogistered agent, or both, in the State of namiliar with, and accept the obligation	ons of, Section 617.0503, Florida	a Statute	s.	on a board or directore. I horoby t	a		,		
SIGNATURE	A T	•				<u> </u>	19	}		
	Signature, typed or printed name of registered agent		gistered Ag	ent signature n	ad when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AN	ID DIRECTO	RS IN 12		
12.	OFFICERS AND	X DELETE	1.1 TITLE		D	OTTIOEROA	Change	X Addition		
TITLE	CD UNDER LAMAD	M DELETE	1.2 NAME		UMRICK, JOHN					
NAME.	HIRES, LAMAR		1	ET ADDRESS	588 CHAIN FERN WA	₹				
STREET ADDRESS						2073				
CITY-ST-ZIP	0.0		1.4 CITY- 2.1 TITLE	SI-ZIP	☐ Change			(X) Addition		
TITLE	··	(A) OLLLIC			D DATE OFFICE	•				
NAME	RENNAKER, WILLIAM		1		ORMEROID, STEVE			1		
STREET ADORESS				23 STREET ADDRESS 629 West 4TH STREET MARYSVILLE, OH 43040						
CITY-ST-ZIP TITLE			3.1 TITLE			<u>,                                    </u>	Change	X Addition		
NAME	RICHARDS, JASON		3.2 NAME		OMERS, BETH					
STREET ADDRESS	THE OWN COTTLETED OF STATE OF				025 HOPE HILL ROAD	)		1		
CITY-ST-ZIP					ROOKSVILLE, FL 3	4601		٠ .		
TITLE	D	☐ DELETE	4.1 TITLE		 D		X Change	☐ Addition		
NAME	STEINGART, MARK		4. 2 NAM		TEINGART, MARK	_				
STREET ADDRESS	13634 EASY ST	ļ	4.3 STRE	ET ADDRESS	3634 EASY STREET			RO		
CITY-ST-ZIP	HUDSON FL 34669		4.4 CITY-	ST-ZIP	<del>UDSON, FL 34669</del> &	ROOKSVILL	L FL :	34601		
TITLE	D	☐ DELETE	5.1 TITLE				☐ Change	X Addition		
NAME	WATSON, PAT		5.2 NAME		ELLWIG, GENE			ļ		
STREET ADDRESS				ET ADDRESS	08'WESTWOOD DRIVE					
CITY-ST-ZIP	MONTGOMERY AL 36121		5.4 CITY-		ILTON, FL 32570-	3739				
πιε		☐ DELETE	6.1 TITLE				☐ Change	X Addition		
NAME			6.2 NAME		ILLIS, DENNY	AT TEE		ļ		
STREET ADDRESS		•	6.3 STRE	ET ADDRESS	.00 SELLERSVILLE D			,		
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	. STROUDSBURG, PA	18301				

14. 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 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 eddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 10, 1999 937-644-255-9

Daytime Phone

:R2E037 (11/98)