NATIONAL SPELEOLOGICAL SOCIETY, INC.

affiliated with the American Association for the Advancement of Science

Cave Diving Section

N04164

1-25-00

IN REGARDS TO YOUR LETTER

NUMBER: 099A 000 606 79

ENCLOSED FIND THE #35.00

FILING FEE AND THE

TELEPHONE NUMBER IS.

850-536-0351

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Stephen C Ormerod

STEPHEN C. ORMEROD

TREASURER

FILED
00 JAN 31 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NATIONAL SPELEOLOGICAL SOCIETY, INC.
affiliated with the American Association for the Advancement of Science
CAVE DIVING SECTION
P.O. Box [redacted] • ~~Branford~~, Florida ~~32008-0950~~
38057 TALLAHASSEE 32315

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 30, 1999

CAVE DIVING SECTION OF THE NATIONAL SPELELOGICAL
Post Office Box 38057
Tallahassee, FL 32315

SUBJECT: CAVE DIVING SECTION OF THE NATIONAL SPELEOLOGICAL SOCIETY, INC.
Ref. Number: N04164

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to file your document is $35.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 099A00060679

Requestor's Name

NATIONAL SPELEOLOGICAL SOCIETY, INC.
affiliated with the American Association for the Advancement of Science

CAVE DIVING SECTION

~~P.O. Box 950 • Branford, Florida 32008-0950~~
PO Box 38057 Tallahassee, FL, 32315

Office Use Only

BER(S), (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
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	Limited Liability
	Domestication
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	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials	

CR2E031(1/95)

ADDRESS CHANGE ONLY

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation is: Cave Diving Section of The National Speleological Society, Inc.

2. The mailing address of the corporation is: PO Box 38057
Tallahassee, FL 32315-8057

3. Date of incorporation/qualification: 07/13/1984 Document number: N04164

4. The name and address of the current registered agent and office:
Bruce M. Ryan
5380 Grove Valley Rd,
Tallahassee, FL 32303

5. The name and address of the new registered agent and office: (P. O. Box **Not** Acceptable)
Bruce M. Ryan
1932 Queenswood Dr.
Tallahassee, FL 32303

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00 JAN 31 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Stephen C Ormerod — 12/18/1999
(Signature of an officer, chairman or vice chairman of the board) (Date)

STEPHEN C. ORMEROD
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent) 12-14-99 (Date)

If signing on behalf of an entity:
BRUCE M. RYAN — ADMIN. MANAGER
(Typed or Printed Name) (Capacity)

*** * * FILING FEE: $35.00 * * ***

CR2E045(7/97)

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314