192

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 24 AM 8:00

DOCUMENT # N04164

1. Entity Name
CAVE DIVING SECTION OF THE NATIONAL SPELEOLOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
2826 SHOAL CREEK VILLAGE DR. LAKELAND, FL 33803 US	2109 W. US HWY 90 SUITE 170-317 LAKE CITY, FL 32055 US

11082004 Chg-NP CR2E037 (10/03) MRS

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2437883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HILL, KENNETH 2826 SHOAL CREEK VILLAGE DR. LAKELAND, FL 33803	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

600043000046
11/24/04--01048--003 **61.25

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, JOHN 121 THOMAS STREET GRIFFIN, GA 30224	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD AUBREY E. MORTON III 6920 CYPRESS LAKE CT ST AUGUSTINE, FL 32086	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ORMEROID, STEVE 629 WEST 4TH STREET MARYSVILLE, FL 43040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ORMEROID, STEVE 629 WEST 4TH ST MARYSVILLE, OH 43040	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD POUCHER, MICHAEL 4625 NE 28TH TERR OCALA, FL 34479	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POUCHER, MICHAEL 4625 NE 28TH TERR OCALA, FL 34479	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HILL, KEN 2826 SHOAL CREEK DR LAKELAND, FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, KENNETH 2826 SHOAL CREEK DR LAKELAND, FL 33803	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, JERRY 5489 NE 53RD TERR HIGH SPRINGS, FL 32643	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACKBURN, RICHARD 3138 DUNN ST SMYRNA, GA 30080	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, FORREST 2832 CONCORD DRIVE DECATUR, GA 30033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILSON, FORREST 2832 CONCORD DRIVE DECATUR, GA 30033	☑ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Aubrey E Morton III Aubrey E. Morton III 8 NOV 2004 904 794.7896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NOTE: THIS CORPORATION HAS SEVEN (7) DIRECTORS