2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2005 8:00 am
Secretary of State
06-01-2005 90015 047 ****70.00

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

05122005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2109 W. US Hwy 90	
Suite, Apt. #, etc.: Suite 170-317	Suite, Apt. #, etc.
City & State: Lake City, FL	City & State
Zip: 32055 Country: USA	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: J. W. CHALKLEY Street Address (P.O. Box Number is Not Acceptable): 1130 S.E. 17th St City: OCALA FL Zip Code: 34471 ~~32678~~

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.

SIGNATURE: _____ 05.27.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

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 MELTON, III, AUBREY E 6920 CYPRESS LAKE CT ST AUGUSTINE, FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C	☑ 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	T WILLIAM ROTELLA 2268 MAGNOLIA DRIVE NEW SMYRNA, FL 32168	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POUCHER, MICHAEL 4625 NE 28TH TERR OCALA, FL 34479	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLY JESSOP 1019 HAROLD AVE AMERICUS, GA 31709	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, KENNETH 2826 SHOAL CREEK DR LAKELAND, FL 33803	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RALPH DiPALFILO 3280 NE SR 47 HIGH SPRINGS, FL 32655	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACKBURN, RICHARD 3138 DUNN ST SMYRNA, GA 30080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILSON, FORREST 2832 CONCORD DRIVE DECATUR, GA 30033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC	☑ 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. Melton III 29 MAY 2005 904-794-7896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #