

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17217** (3)

1. Corporation Name

SCUBANAUTS NOT FOR PROFIT, INC.



Principal Place of Business

Mailing Address

**4203 TAHNEE COURT
P. O. BOX 43370
JACKSONVILLE FL 32203-9270**

**P.O. BOX 43370
JACKSONVILLE FL 32203-2270
US**

3. Date Incorporated or Qualified
10/09/1986

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 8558 ROYAL LAKES DR.

26 P.O. BOX 8776

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. BOX 8776

27

City & State

City & State

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

Zip

Country

Zip

Country

24 32239

25 US

29 32239

30 US

4. FEI Number
59-2889442

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POWELL, JAMES
10451 VILLANOVA RD
JACKSONVILLE FL 32205**

81 Name JAMES D. NELSEN

**82 Street Address (P.O. Box Number is Not Acceptable)
8558 ROYAL LAKES DR.**

83

84 City JACKSONVILLE FL 85 Zip Code 32256

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

James D. Nelsen
Signature, typed or printed name of registered agent and title if applicable

TREASURER

JUNE 21, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP ARMSTRONG, TIM**
STREET ADDRESS **3258 CORBY ST**
CITY - ST - ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **DV DUPES, MICHAEL**
STREET ADDRESS **1477 CHALLENGE AVE**
CITY - ST - ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **DT POWELL, JAMES**
STREET ADDRESS **10451 VILLANOVA RD.**
CITY - ST - ZIP **JACKSONVILLE FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **DT JAMES D. NELSEN**
3.3 STREET ADDRESS **8558 ROYAL LAKES DR.**
3.4 CITY - ST - ZIP **JACKSONVILLE, FL 32256-8445**

TITLE ☐ DELETE
NAME **DS REDDY, CHRISTINE**
STREET ADDRESS **8319 VERMANTH ROAD**
CITY - ST - ZIP **JACKSONVILLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

James D. Nelsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 21, 1996

Date

Daytime Phone #