

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37080

FILED
May 28, 2005
Secretary of State

Entity Name: NATIONAL ACADEMY OF POLICE DIVING, INC. (NAPD)

Current Principal Place of Business:

14254 S.W. 285 TR
HOMESTEAD, FL 33033 US

New Principal Place of Business:

Current Mailing Address:

14254 S.W. 285 TR
HOMESTEAD, FL 33033 US

New Mailing Address:

FEI Number: 65-0177556 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GAST, MICHAEL W
90 NW 189TH STREET
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

GAST, MICHAEL W
19643 NW 87 COURT
MIAMI, FL 33018 US

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.

SIGNATURE: _____

05/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GAST, MICHAEL W
Address: 90 NW 189 ST
City-St-Zip: MIAMI, FL 33169

Title: VD (X) Delete
Name: MOXLEY, DONALD
Address: 4300 SHERIDAN STREET., #232
City-St-Zip: HOLLYWOOD, FL 33024

Title: D (X) Delete
Name: HOFF, RANDY
Address: 6500 PRADO BLVD
City-St-Zip: CORAL GABLES, FL 33143

Title: D (X) Delete
Name: HOLLAND, KEVIN C
Address: 16940 SW 119TH AVE
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: TOY, PAUL
Address: 750 N.E. 165 STREET
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: D () Delete
Name: ROQUE, OSCAR
Address: 7617 S.W. 117 AVENUE
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GAST, MICHAEL W
Address: 19643 NW 87 COURT
City-St-Zip: MIAMI, FL 33018

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL W. GAST

PD

05/28/2005

Electronic Signature of Signing Officer or Director

Date