

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37080

FILED  
May 02, 2008  
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  
11420 SW 55 STREET  
MIAMI, FL 33165 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GAST, MICHAEL W  
Address: 11420 SW 55 STREET  
City-St-Zip: MIAMI, FL 33165

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

Title: SD ( ) Delete  
Name: RUIDIAZ, REY  
Address: 3303 TWILIGHT LANE #5104  
City-St-Zip: NAPLES, FL 34109

Title: D (X) Delete  
Name: LINDENAUER, JULIAN  
Address: 3410 BISCAYNE DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TD ( ) Delete  
Name: TALLEY, JOEL  
Address: ONE ACADEMY BLVD.  
City-St-Zip: BIG SANDY, TX 75755

Title: D ( ) Delete  
Name: BECK, DANIEL  
Address: 333 NORTH MAIN STREET  
City-St-Zip: LIMA, OH 45821

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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 exemption stated in Chapter 119, 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

PRES

05/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date