FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

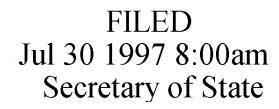
1. Corporation Name

N93000002560 (1)

CORAL SPRINGS DIVING BOOSTER CLUB, INC.

Delmalmat	Diana	-1	D
PTIRCIDE	riace	OΙ	Business

Malling Address





1 Inopair ac	io di gasinoss	Maning Address						
12441 ROYAL F CORAL SPRING		2039 NW 104TH AVE. CORAL SPRINGS FL 330	71-5869					
					3. Date Incorporated or Qualified 06/08/1993	3a. Date of Last Report 05/01/1996		
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			65-0416266	Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	1	8. This corporation has liability for in			
24	25	29	30			Yes No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Rec	latered Agent		
			81	Name				
COMFORT, JEANNE .			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	W. 104TH AVE.		83					
COHAL	SPRINGS FL 33071		0.3					
	•		84	City		FL 85 Zip Code		
11. Pursuant office or r agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 617.1508, Florida Stati of Florida. Such change was ations of, Section 617.0503, F	utes, the above authorized by Florida Statute	e-named corpo the corpo s.	orporation submits this statement for the puration's board of directors. I hereby accep			
SIGNATURE	Signature, typed or printed name of registered ager	ot and title if anoticable (NC	TE: Banklered And	nt elanatura re	quired when re-instating)	DATE		
12.	OFFICERS AND		13.	an algitatore to	ADDITIONS/CHANGES TO OFFICE			
TITLE	P	DELETE	1.1 TITLE	1.	-Prosident	Change Addition		
NAME	GARBIZO, BARBARA		1.2 NAME		, , , , , , , , , , , , , , , , , , , ,			
STREET ADDRESS	11231 NW 25TH ST.		1.3 STREET	ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY - S	T-21P				
TITLE	HCD	DELETE	2.1 TITLE		President Anator	Change Addition		
NAME	BURGERING, DAVE		2.2 NAME		Burgering Dave			
STREET ADDRESS				ADDRESS	DRESS STOD Coronado RIOGR			
CITY-ST-ZIP	BOCA RATON FL 33486	DE DOLLAR	2 4 CITY-S	ST-ZIP	Born Roton PL 3348			
TITLE NAME	FOOS, GAYLE	SD DELETE 3.1 TIT			Vice President Bireco	for Change X Addition		
STREET ADDRESS	7415 NW 6TH CT.		3.2 NAME		21010 windewere to	to fa 0		
CITY-ST-ZIP	DADI/I AND EL ASSOT		3.3 STREET 3.4. CITY-5			3.342R		
TITLE	TD	DELET E	4.1 TITLE	01 - ZIP	Treasurer Director	Change Addition		
NAME	COMFORT, JEANNE		4. 2 NAME		Jeanne Comfort			
STREET ADDRESS	2039 NW 104TH AVE		4.3 STREET	ADDRESS	2039 NW LOUTH 1	4ce		
CITY-ST-ZIP	CORAL SPRINGS FL 33071	. ,	4.4 CITY-S		Coral Springs Fla	33071		
TITLE	VP	DELETE	5.1 TITLE			Change Addition		
NAME	TAL, ANN LUREE		5.2 NAME					
STREET ADDRESS	5024 NW 102 DR		5.3 STREET	ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL		5.4 CITY+S	T- ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition		
NAME			6.2 NAME	1				
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	r-zip				

14. I do 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 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.

COLUMN CO