

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90052 041 \*\*\*\*61.25

**DOCUMENT # 766718**

1. Corporation Name

**UNITED STATES PROFESSIONAL DIVING COACHES ASSOCIATION, INC.**

Principal Place of Business

C/O DAVE ARDREY  
2003 WALNUT  
MURPHYSBORO IL 62966

Mailing Address

C/O DAVE ARDREY  
2003 WALNUT  
MURPHYSBORO IL 62966



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/26/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

58-1801343

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURGERING, DAVID  
5100 CORONADO RIDGE  
BOCA RATON FL 33086

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
PD  
ARDREY, DAVE  
2003 WALNUT  
MURPHYSBORO IL 62966

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE

NAME  
VPD  
BURGERING, DAVE  
5100 CORONADO RIDGE  
BOCA RATON FL 33086

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME  
VPD  
KETRICK, BOB  
11751 MOSSY CREEK LANE  
RESTON VA 22091-2950

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
TD  
VOELLMECKE, STEVE  
6535 DONJOY DRIVE  
CINCINNATI OH 45242

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

*Steven F. Voellmecke*  
STEVEN F. VOELLMECKE  
TREASURER

3/8/99 513-745-9757

Date

Daytime Phone #

CR2E037 (11/98)