

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04164

Entity Name: CAVE DIVING SECTION OF THE NATIONAL SPELEOLOGICAL SOCIETY, INC.**FILED**
Apr 22, 2022
Secretary of State
1489146176CC**Current Principal Place of Business:**295 NW COMMONS LOOP
SUITE 115-317
LAKE CITY, FL 32055**Current Mailing Address:**295 NW COMMONS LOOP
SUITE 115-317
LAKE CITY, FL 32055 US**FEI Number: 59-2437883****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HUGHES, ADAM THOMAS
295 NW COMMONS LOOP
SUITE 115-317
LAKE CITY, FL 32055 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: ADAM THOMAS HUGHES****04/22/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIRMAN
Name	ANDY, PITKIN
Address	5200 NW 43RD AVE, SUITE 102-380 SUITE 115-317
City-State-Zip:	GAINESVILLE FL 32606

Title	TREASURER
Name	RENEE, POWER
Address	5200 NW 43RD AVE, SUITE 102-380 SUITE 115-317
City-State-Zip:	GAINESVILLE FL 32606

Title	COMMITTEE DIRECTOR
Name	CHARLES, ROBERSON
Address	5200 NW 43RD AVE, SUITE 102-380 SUITE 115-317
City-State-Zip:	GAINESVILLE FL 32606

Title	TRAINING DIRECTOR
Name	KUZNETSOV, MAXIM
Address	5200 NW 43RD AVE, SUITE 102-380 SUITE 115-317
City-State-Zip:	GAINESVILLE FL 32606

Title	SECRETARY
Name	RICHARD, BLACKBURN
Address	5200 NW 43RD AVE, SUITE 102-380 SUITE 115-317
City-State-Zip:	GAINESVILLE FL 32606

Title	AT LARGE
Name	SAM, LEFLORE
Address	5200 NW 43RD AVE, SUITE 102-380 SUITE 115-317
City-State-Zip:	GAINESVILLE FL 32606

Title	PROGRAM DIRECTOR
Name	JAMES, CHANDLER
Address	5200 NW 43RD AVE, SUITE 102-380 SUITE 115-317
City-State-Zip:	GAINESVILLE FL 32606

I hereby 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 all other like empowered.

SIGNATURE: RENEE POWER**OPERATIONS MANAGER 04/22/2022**

Electronic Signature of Signing Officer/Director Detail

Date