

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000003721

Entity Name: BRIGHT HORIZONS DIVING, INC.**Current Principal Place of Business:**5 CASWELL CIRCLE
MARY ESTHER, FL 32548**Current Mailing Address:**123 BENARR AVE
FORT WALTON BEACH, FL 32548 US**FEI Number:** 47-3847375**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THORNTON, LINDA B
5 CASWELL CIRCLE
MARY ESTHER, FL 32548 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name NICHOLS, MARK E
Address 49 HIDDEN HARBOR LANE
City-State-Zip: MIRAMAR BEACH FL 32559

Title DIRECTOR
Name NICHOLS, DONNA M
Address 49 HIDDEN HARBOR LANE
City-State-Zip: MIRAMAR BEACH FL 32559

Title DIRECTOR
Name KRAUSE, RICHARD A
Address 20110 FIRST AVENUE
City-State-Zip: PANAMA CITY BEACH FL 32413

Title DIRECTOR
Name HALL, JAMIE M
Address 10 HARBOR WALK BLVD.
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name MATTIODA, DANIEL
Address 101 OLD FERRY ROAD
8C
City-State-Zip: SHALIMAR FL 32579

Title PRESIDENT
Name WYANT, GARY M
Address 123 BENARR AVE
City-State-Zip: FORT WALTON BEACH FL 32548

Title SECRETARY
Name THORNTON, LINDA
Address 5 CASWELL CIRCLE
City-State-Zip: MARY ESTHER FL 32548

Title TREASURER
Name WALL, SHANNON
Address 5 CASWELL CIRCLE
City-State-Zip: MARY ESTHER FL 32548

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: LINDA THORNTON**SECRETARY****04/23/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date