

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000014077

Entity Name: DEEP BLUE DIVE THERAPY INC

Current Principal Place of Business:

13506 SUMMERPORT VILLAGE PKWY
768
WINDERMERE, FL 34786

Current Mailing Address:

13506 SUMMERPORT VILLAGE PKWY
768
WINDERMERE, FL 34786 US

FEI Number: 87-3930868

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, LARRY O III
13506 SUMMERPORT VILLAGE PKWY
768
WINDERMERE, FL 34786 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 BOARD OF DIRECTORS, CHAIRMAN,
CEO
Name WILSON, LARRY
Address 13506 SUMMERPORT VILLAGE PKWY
768
City-State-Zip: WINDERMERE FL 34786

Title BOARD OF DIRECTORS, COO
Name HILYARD, KASEY
Address 13506 SUMMERPORT VILLAGE PKWY
768
City-State-Zip: WINDERMERE FL 34786

Title BOARD OF DIRECTORS, OFFICER
Name ALI, AZIZ
Address 13506 SUMMERPORT VILLAGE PKWY
768
City-State-Zip: WINDERMERE FL 34786

Title BOARD OF DIRECTORS, VP
Name FRITZ, DAVID
Address 13506 SUMMERPORT VILLAGE PKWY
768
City-State-Zip: WINDERMERE FL 34786

Title BOARD OF DIRECTORS, OFFICER
Name CONKLIN, KENYON
Address 13506 SUMMERPORT VILLAGE PKWY
768
City-State-Zip: WINDERMERE FL 34786

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: LARRY WILSON

CHAIRMAN

03/02/2024

Electronic Signature of Signing Officer/Director Detail

Date