

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37080

**Entity Name:** NATIONAL ACADEMY OF POLICE DIVING, INC. (NAPD)

**Current Principal Place of Business:**

5801 SW 120TH AVE  
MIAMI, FL 33183

**Current Mailing Address:**

5801 SW 120TH AVE  
MIAMI, FL 33183 US

**FEI Number:** 65-0177556

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GAST, MICHAEL W  
11420 SW 55 STREET  
MIAMI, FL 33165 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 PD  
Name GAST, MICHAEL W  
Address 11420 SW 55 STREET  
City-State-Zip: MIAMI FL 33165

Title D  
Name TOY, PAUL G  
Address 334 CROST CHAPEL RD.  
City-State-Zip: TURTLETOWN TN 37391

Title SD  
Name RUIDIAZ, REY  
Address 1035 TIVOLI DR  
City-State-Zip: NAPLES FL 34104

Title ED  
Name TALLEY, JOEL M  
Address 2019 W. ALABAMA AVE  
City-State-Zip: CHICKASHA OK 73018

Title D  
Name BECK, DANIEL W  
Address P.O. BOX 802  
City-State-Zip: LIMA OH 45802

Title D  
Name CADREAU, SAMUEL A  
Address 4655 PINE RIDGE RD. EXT.  
City-State-Zip: NAPLES FL 34119

Title DIRECTOR  
Name HARVELL, JORDAN M  
Address 10900 SW 47TH TERR.  
City-State-Zip: MIAMI FL 33165

*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:** JOEL TALLEY

**EXECUTIVE DIRECTOR**

**04/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date