

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713820

FILED
Jan 09, 2009
Secretary of State

Entity Name: FLORIDA SKIN DIVERS ASSOCIATION, INC.

Current Principal Place of Business:

1997 MICHIGAN AVE. NE
ST. PETERSBURG, FL 33703 US

New Principal Place of Business:

Current Mailing Address:

1997 MICHIGAN AVE. NE
ST. PETERSBURG, FL 33703 US

New Mailing Address:

FEI Number: 59-3170924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTON K SMITH
1997 MICHIGAN AVE NE
ST PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SMITH, ORTON K
Address: 1997 MICHIGAN AVE NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: VD () Delete
Name: CHILDRESS, SCOTT
Address: 13820 FRIENDSHIP LN
City-St-Zip: ODESSA, FL 33556

Title: SD () Delete
Name: WITAKER, CINDY
Address: 6401-95 TERR N
City-St-Zip: PINELLAS PARK, FL 33782

Title: PD () Delete
Name: HARDMAN, BILL
Address: 4800-5 AVE N
City-St-Zip: SAINT PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BILL HARDMAN

PD

01/09/2009

Electronic Signature of Signing Officer or Director

Date