

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714971

FILED  
Jan 27, 2005  
Secretary of State

**Entity Name:** KENNEDY SPACE CENTER SKIN AND SCUBA DIVING CLUB, INC.

**Current Principal Place of Business:**

P. O. BOX 21023  
KENNEDY SPACE CENTER, FL 32815

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 21023  
KENNEDY SPACE CENTER, FL 32815

**New Mailing Address:**

**FEI Number:** 59-3486942

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LITTLE, WILLIAM  
6410 ABISCO RD  
PORT ST. JOHN, FL 32927 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: TD ( ) Delete  
Name: SHAFFER, LEONARD  
Address: 1220 ST GEORGE ROAD  
City-St-Zip: MERRITT ISLAND, FL

Title: P ( ) Delete  
Name: STASIK, PHIL  
Address: 3792 SIERRA DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D ( ) Delete  
Name: SHAFFER, BETH  
Address: 1220 ST GEORGE ROAD  
City-St-Zip: MERRITT ISLAND, FL

Title: D ( ) Delete  
Name: LAWLOR, JOHN  
Address: 1275 PLUM AVE  
City-St-Zip: MERRITT ISLAND, FL

Title: VP ( ) Delete  
Name: FARLEY, MAX  
Address: 735 AVOCADO DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEONARD A SHAFFER

TD

01/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date