

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000350

FILED
Apr 19, 2004
Secretary of State

Entity Name: POSEIDON HANDICAP SCUBA ADVENTURES, INCORPORATED

Current Principal Place of Business:

8845 NW 11TH PLACE
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

8845 NW 11TH PLACE
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 31-1373622 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAUSCH, MARK
8845 NW 11TH PLACE
GAINESVILLE, FL 32606 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: PCD () Delete
Name: RAUSCH, MARK
Address: 8845 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32606 US

Title: VD () Delete
Name: WELSH, DEBRA
Address: 15448 WORMER AVE.
City-St-Zip: REDFORD, MI 48239 US

Title: D () Delete
Name: MILLER, STEVE
Address: 2063 SEELY RD
City-St-Zip: WEST HARRISON, IN 47060 US

Title: D () Delete
Name: UPRIGHT, LARRY
Address: P.O. BOX 875
City-St-Zip: TALLAHASSEE, FL 32302 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: RAUSCH, LINDA
Address: 8845 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32606 US

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: MARK RAUSCH

PCD

04/19/2004

Electronic Signature of Signing Officer or Director

Date