

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004819

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** SURVIVOR DIVER INCORPORATED

**Current Principal Place of Business:**

1100 E. RIVERSIDE AVE.  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

SURFSIDE BLVD  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 52-2324880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAYLOR, LISA C  
3106 SURFSIDE BLVD.  
CAPE CORAL, FL 33914 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: P  
Name: TAYLOR, LISA  
Address: 3106 SURFSIDE BLVD.  
City-St-Zip: CAPE CORAL, FL 33914

Title: V  
Name: TAYLOR, JOSEPH  
Address: 3106 SURFSIDE BLVD.  
City-St-Zip: CAPE CORAL, FL 33914

Title: T  
Name: JENKINS, LINDA  
Address: 7025 NEW POST RD.  
City-St-Zip: FT. MYERS, FL

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:** LISA C TAYLOR

P

02/23/2011

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

\_\_\_\_\_  
Date