

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004870

FILED
Apr 24, 2009
Secretary of State

Entity Name: THE FLORIDA KEYS HISTORY OF DIVING MUSEUM, INC.

Current Principal Place of Business:

82990 OVERSEAS HWY
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

P.O. 897
ISLAMORADA, FL 33036

New Mailing Address:

82990 OVERSEAS HWY
ISLAMORADA, FL 33036

FEI Number: 65-1037158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUER, SALLY E
75995 OVERSEAS HWY.
ISLAMORADA, FL 33036 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: D () Delete
Name: BAUER, SALLY E
Address: 75995 OVERSEAS HWY.
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: HOUGH, DOUGLAS
Address: 3100 COUNTRY CLUB DR.
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: GASSER, KRISTIN A
Address: 2334 DRYDEN RD
City-St-Zip: HOUSTON, TX 77030

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BAUER, SALLY E
Address: 75995 OVERSEAS HWY.
City-St-Zip: ISLAMORADA, FL 33036 US

Title: D (X) Change () Addition
Name: HOUGH, DOUGLAS
Address: 3100 COUNTRY CLUB DR.
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: D (X) Change () Addition
Name: MISSO, KRISTIN A
Address: 2334 DRYDEN RD
City-St-Zip: HOUSTON, TX 77030 US

Title: D () Change (X) Addition
Name: DEHAAS GROSSECK, DAVID
Address: 88975 OVERSEAS HWY
City-St-Zip: TAVERNIER, FL 33070 US

Title: D () Change (X) Addition
Name: DRAVES, BARB P
Address: 580 MILES LANE
City-St-Zip: BERE, OH 44017 US

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: S.E.BAUER

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date