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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00626** (4)
1. Corporation Name
ORLANDO OTTERS UNDERWATER SPORTSMEN INC.

Principal Place of Business Mailing Address
343 ROBIN RD ALTAMONTE SPRINGS FL 32701-5017 **243 ROBIN RD ALTAMONTE SPRINGS FL 32701-5017**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/28/1983** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2897868** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **800 Neuse Ave**
22 City & State 27 **Orlando FL**
23 Zip 24 **32804** Country 25 **Orange**

5. Certificate of Status Desired \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WHITTAKER, DANA
5510 ALBERT DR.
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent
81 Name **David Adams**
82 Street Address (P.O. Box Number is Not Acceptable) **800 Neuse Ave**
83 **.**
84 City **Orlando** FL 85 Zip Code **32804**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	MUNDEN, JANET
STREET ADDRESS	21051 HWY 455
CITY - ST - ZIP	CLERMONT FL
TITLE	VD
NAME	MUNOZ, IRIS
STREET ADDRESS	644 KENWOOD CIRCLE #103
CITY - ST - ZIP	CASSELBERRY FL
TITLE	P
NAME	WHITTAKER, DANA
STREET ADDRESS	5510 ALBERT DR.
CITY - ST - ZIP	WINTER PARK FL
TITLE	S
NAME	COATES, SHANE
STREET ADDRESS	1800-F LEE RD
CITY - ST - ZIP	WINTER PARK FL
TITLE	D
NAME	STIMPSON, KARL
STREET ADDRESS	3500 CHELSEA ST.
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	BOZENHARDT, KEN
STREET ADDRESS	1357 ANDES DR.
CITY - ST - ZIP	WINTRE SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Shane Coates, Shane
1.3 STREET ADDRESS	687 Brookhill Circle
1.4 CITY - ST - ZIP	Orlando FL 32810
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Munoz, Iris
2.3 STREET ADDRESS	7842 Pine Crossing Circle
2.4 CITY - ST - ZIP	Orlando FL 32825
3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	David Adams, David
3.3 STREET ADDRESS	800 Neuse Ave
3.4 CITY - ST - ZIP	Orlando FL 32804
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Klele, Lee Ann
4.3 STREET ADDRESS	9328 Toby Ln
4.4 CITY - ST - ZIP	Orlando FL 32817
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Whittaker, Dana
5.3 STREET ADDRESS	5510 Albert Dr
5.4 CITY - ST - ZIP	Winter Park FL
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	McKeague, Janice
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/4/95** **894 5871**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)