

2004 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90457 004 ****61.25

DOCUMENT # N01000001562

1. Entity Name

INTERNATIONAL WAVE CLASS ASSOCIATION INC.



Principal Place of Business

PO BOX 2060
104300 OVERSEAS HIGHWAY
KEY LARGO FL 33037

Mailing Address

PO BOX 2060
104300 OVERSEAS HIGHWAY
KEY LARGO FL 33037

2. Principal Place of Business

6 CORAL WAY
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 2060
Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

Key Largo FL

City & State

Key Largo, FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

33037

Country

USA

Zip

33037

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, RICK
104300 OVERSEAS HIGHWAY
KEY LARGO FL 33037

7. Name and Address of New Registered Agent

Name

6 CORAL WAY

City

Key Largo,

FL

Zip Code

33037

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WHITE, RICHARD H
STREET ADDRESS PO BOX 2060
CITY - ST - ZIP KEY LARGO FL 33037 ☐ Delete

TITLE STD
NAME WELLS, MARY
STREET ADDRESS PO BOX 2060
CITY - ST - ZIP KEY LARGO FL 33037 ☐ Delete

TITLE D
NAME WELLS, BILL
STREET ADDRESS PO BOX 2060
CITY - ST - ZIP KEY LARGO FL 33037 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other, be empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #