

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003681

FILED
Mar 16, 2007
Secretary of State

Entity Name: CENTER FOR HISTORIC SHIPWRECK RESEARCH, INC.

Current Principal Place of Business:

102 LILAC LN
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

102 LILAC LN
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

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

Name and Address of Current Registered Agent:

KLING, ERNEST R
102 LILAC LN
ALTAMONTE SPRINGS, FL 32701 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: WESTRICK, ROBERT F
Address: 6801 CORDUROY RD
City-St-Zip: OREGON, OH 43618

Title: D () Delete
Name: HUFFSMITH, JAMES
Address: 2470 OAK DR
City-St-Zip: ANCHORAGE, AK 99508

Title: D () Delete
Name: KLING, ERNEST
Address: 102 LILAC LN
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ERNEST KLING

DIR

03/16/2007

Electronic Signature of Signing Officer or Director

Date