

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

03-28-2005 90062 005 ****61.25
08-15-2005 90077 032 ****61.25

DOCUMENT # N04000003266

1. Entity Name
OFF THE WALL DIVE CLUB, INC.



Principal Place of Business
5417 S. FLORIDA AVENUE
LAKELAND, FL 33813

Mailing Address
5417 S. FLORIDA AVENUE
LAKELAND, FL 33813

50061419



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06142005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
20-1765005

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNAPP, STEPHEN M
5417 S. FLORIDA AVENUE
LAKELAND, FL 33813

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$61.25
Due by September 7, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME BENCE, GARY
STREET ADDRESS 2118 SANDY HOOK
CITY-ST-ZIP LAKELAND, FL 33813

TITLE PD ☒ Change ☐ Addition
NAME SANTORO, ROBERT
STREET ADDRESS 11005 DIANNE COVE
CITY-ST-ZIP RIVERVIEW, FL 33569-4410

TITLE VP ☒ Delete
NAME DEESE, TIM
STREET ADDRESS 3627 DUFF ROAD
CITY-ST-ZIP LAKELAND, FL 33810

TITLE VP ☒ Change ☐ Addition
NAME JAMES WAST
STREET ADDRESS 8239 S. POLK AVE
CITY-ST-ZIP LAKELAND, FL 33803

TITLE S ☒ Delete
NAME SANTORO, ANITA
STREET ADDRESS 11005 DIANNE COVE
CITY-ST-ZIP RIVERVIEW, FL 33569

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

TITLE T ☒ Delete
NAME BENCE, ROBIN
STREET ADDRESS 2118 SANDY HOOK
CITY-ST-ZIP LAKELAND, FL 33813

TITLE T ☒ Change ☐ Addition
NAME BRENDIA RADNEY
STREET ADDRESS 4515 GINN DR
CITY-ST-ZIP LAKELAND, FL 33811

TITLE D ☐ Delete
NAME KONITZER, T.J.
STREET ADDRESS 5351 S. FLORIDA AVENUE
CITY-ST-ZIP LAKELAND, FL 33813

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

TITLE D ☒ Delete
NAME MORRIS, RAYMOND
STREET ADDRESS 5351 S. FLORIDA AVENUE
CITY-ST-ZIP LAKELAND, FL 33813

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T.J. Konitzer 6/29/05 863-209-9253