## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04164

FILED May 27, 2008 Secretary of State

Entity Name: CAVE DIVING SECTION OF THE NATIONAL SPELEOLOGICAL SOCIETY, INC.

Current Principal Place of Business:			New Principal Place of Business:		
2109 W US SUITE 170 LAKE CITY		US	SUITE 115	OMMONS LOC -317 ', FL 32055	DP US
Current Mailing Address:			New Mailing Address:		
<b>3</b>			<b>3</b>		
2109 W. U: SUITE 170 LAKE CITY			295 NW COMMONS LOOP SUITE 115-317 LAKE CITY, FL 32055 US		
	59-2437883 ce with s. 607.193	FEI Number Applied For() FEI Nur (2)(b), F.S., the corporation did not receive t	mber Not Appl the prior notic		Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and	Address of N	lew Registered Agent:
OCALA, FL The above	7TH STREET - 34471 US	ubmits this statement for the purpose o	of changing it	ts registered o	ffice or registered agent, or both,
SIGNATUF		c Signature of Registered Agent			 Date
OFFICERS	S AND DIRECT	ORS:	ADDITION	S/CHANGES	TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D () MELTON, III, AU 6920 CYPRESS ST AUGUSTINE	LAKE CT	Title: Name: Address: City-St-Zip:	D (X) OHIDY, FRANK 174 S.W. MERI FT WHITE, FL	DIAN COURT
Title: Name: Address: City-St-Zip:	ROTELLA, WILL 2268 MAGNOLIA		Title: Name: Address: City-St-Zip:	T (X) LOFLIN, JEFF 2222 HWY 177, BONIFAY, FL 3	
Title: Name: Address: City-St-Zip:	C () JESSOP, KELLY 1019 HAROLD A AMERICUS, GA	VENUE	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	BOZANIC, JEFF PO BOX 3448	Delete REY EACH, CA 92605	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition
Title: Name: Address: City-St-Zip:	S () BLACKBURN, R 3138 DUNN ST SMYRNA, GA 3		Title: Name: Address: City-St-Zip:	S (X) VAROUXIS, ALE 301 GROVE AV FALLS CHURCE	E
Title: Name: Address: City-St-Zip:	VC () WILSON, FORR 2832 CONCORE DECATUR, GA	DRIVE	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition

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: KELLY JESSOP C 05/27/2008