

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04164

FILED
Apr 04, 2010
Secretary of State

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

Current Principal Place of Business:

295 NW COMMONS LOOP
SUITE 115-317
LAKE CITY, FL 32055 US

New Principal Place of Business:

Current Mailing Address:

295 NW COMMONS LOOP
SUITE 115-317
LAKE CITY, FL 32055 US

New Mailing Address:

27202 NW 203RD PLACE
HIGH SPRINGS, FL 32643 US

FEI Number: 59-2437883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHALKLEY, J W
1130 SE 17TH STREET
OCALA, FL 34471 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
Name: OHIDY, FRANK
Address: 4260 S.W. COUNTY ROAD 138
City-St-Zip: FT WHITE, FL 32038 US

Title: T
Name: MCMILLIAN, THOMAS H 111
Address: 662 MCCUTCHEN ST.
City-St-Zip: CHARLESTON, SC 29412 US

Title: C
Name: LOFLIN, JEFF M
Address: 2222 HWY 177A
City-St-Zip: BONIFAY, FL 32425 US

Title: D
Name: AVERILL, HARRY
Address: 25 N.W 5TH ST.
City-St-Zip: HIGH SPRINGS, FL 32643 US

Title: S
Name: DUNN, WILLIAM O
Address: 1900 HONEY CREEK RD.
City-St-Zip: CONYERS, GA 30094 US

Title: VC
Name: WILSON, FORREST
Address: 2832 CONCORD DRIVE
City-St-Zip: DECATUR, GA 30033

I hereby 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 all other like empowered.

SIGNATURE: JEFF LOFLIN

PRES

04/04/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date