

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90017 026 ****70.00

DOCUMENT # N05000010488

1. Entity Name

CAVE DIVING MUSEUM AND LIBRARY INC.



Principal Place of Business

8401 NW 13TH ST #194
GAINESVILLE FL 32653

Mailing Address

8401 NW 13TH ST #194
GAINESVILLE FL 32653

2. Principal Place of Business

910 NW 1st Ave

3. Mailing Address

8401 NW 13th St #194

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#194

City & State

High Springs, Florida

City & State

Gainesville, FL

Zip

32643

Country

USA

Zip

32653

Country

USA

1st MOORE

CR2E037 (10/05)

4. FEL Number

20-3645294

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEGAL ZOOM NEVADA, INC.
44 W FLAGLER ST SUITE 675
MIAMI FL 33130

7. Name and Address of New Registered Agent

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

Cynthia Butler Director Cave Diving Museum & Library Inc

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

(NOTE: Registered Agent signature required when registering)

DATE 5-15-06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 D ☐ Delete
NAME BUTLER, CYNTHIA
STREET ADDRESS 8401 NW 13TH ST #194
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE D ☒ Delete
NAME WILLIAMS, BRIAN
STREET ADDRESS 101 STAR LAKE DR
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE D ☐ Delete
NAME BRIENT, GUY
STREET ADDRESS 1904 1/2 WILLIAMS ST
CITY-ST-ZIP VALDOSTA GA 31602

TITLE T ☒ Delete
NAME WADSEN, SUZANNE
STREET ADDRESS 8401 NW 13TH ST #194
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE S ☒ Delete
NAME RICHARDS, DONNA
STREET ADDRESS 422 HOUSTON AVENUE NW
CITY-ST-ZIP LIVE OAK FL 32064

TITLE ☒ Delete
NAME Alan C Heck
STREET ADDRESS error
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Treasurer ☐ Change ☒ Addition
NAME Alan C Heck
STREET ADDRESS 1423 NW 91st Terrace
CITY-ST-ZIP Gainesville, FL 32606

TITLE Librarian/Director ☐ Change ☒ Addition
NAME Bowdan, William
STREET ADDRESS 2675 Dedcreek Ave
CITY-ST-ZIP Deltona, FL 32725

TITLE Director ☐ Change ☒ Addition
NAME Tom Hundle
STREET ADDRESS 212 NW Streamside Court
CITY-ST-ZIP Lake City, FL 32055

TITLE Secretary ☐ Change ☒ Addition
NAME Pat Weeks
STREET ADDRESS 744 E Alpine St
CITY-ST-ZIP Alta Monte Springs, FL 32707

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

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 exemptions contained in Section 119, 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:

Cynthia Butler Director
5-16-06 352-281-6053