2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000007811

Entity Name: INSTITUTE OF DIVING FOUNDATION, INC.

Current Principal Place of Business:

17314 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

17314 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 59-1765521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FITZPATRICK, KIMBERLY
514 MAGNOLIA AVE
PANAMA CITY BEACH, FL 32401 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:	PCEO	( ) Delete
Name:	ZINSZER, MICHAEL A	
Address:	102 LOYOLA LANE	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	TCFO	( ) Delete
Name:	THOMPSON, DAVE	
Address:	139 GRAND LAGOON SHORES DRIVE	
City-St-Zip:	PANAMA CITY BEACH, FL 32408	
Title:	S	( ) Delete
Name:	FITZPATRICK, KIMBERLY	
Address:	514 MAGNOLIA AVE	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	C	( ) Delete
Name:	BARTH, BOB	
Address:	4143 HARLAN SHOPE ROAD	
City-St-Zip:	PANAMA CITY, FL 32404	
Title:	D	( ) Delete
Name:	BLISS, GARY	
Address:	FSU- PANAMA CITY 4750 COLLEGIATE DRIVE	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	D	( ) Delete
Name:	GEERTZ, CHRISTOPHER E MD	
Address:	7609 LAIRD STREET	
City-St-Zip:	PANAMA CITY BEACH, FL 32408	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MICHAEL A. ZINSZER PCEO 04/30/2009

Electronic Signature of Signing Officer or Director — Date