

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90177 005 ****61.25

DOCUMENT # N10768

1. Corporation Name

THE MARTIN DIVE CLUB, INC.

379480 - 90177 - 5

Principal Place of Business

**4021 SEABRIDGE DRIVE
ORLANDO FL 32839
US**

Mailing Address

**4021 SEABRIDGE DRIVE
ORLANDO FL 32839
US**



2. Principal Place of Business

21
Suite, Apt. #, etc.

23
City & State

24 Zip **25** Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

08/20/1985

4. FEI Number
58-0001185

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**STREETER, JIMMY C
4021 SEABRIDGE DR
ORLANDO FL 32839**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **STREETER, JIMMY**
STREET ADDRESS **4021 SEABRIDGE DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE **TD** ☐ DELETE
NAME **STREETER, KAREN**
STREET ADDRESS **4021 SEABRIDGE DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE **SD** ☒ DELETE
NAME **DIEMER, MIKE**
STREET ADDRESS **569 WHITTINGHAM PL**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **VD** ☒ DELETE
NAME **NICHOLS, LOU**
STREET ADDRESS **741 WHITE IVEY CT**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **SD**
3.3 STREET ADDRESS **MARIE FRANK**
3.4 CITY-ST-ZIP **811 Park Trail Dr.**
CLERMONT, FL. 34711

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **VD**
4.3 STREET ADDRESS **DAVID HENDERSON**
4.4 CITY-ST-ZIP **1198 BALTIC LN.**
Winter Springs, FL. 32708

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/99 **407-356-2377**

Daytime Phone #

CR2E037 (1/98)