2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10768

Entity Name: THE MARTIN DIVE CLUB, INC.

FILED May 01, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

609 HERON BAY DR ORLANDO, FL 328255920 US

Current Mailing Address: New Mailing Address:

609 HERON BAY DR ORLANDO, FL 328255920 US

FEI Number: 58-0001185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROLAPE, RALPH E 609 HERON BAY DR ORLANDO, FL 328255920 US

OFFICERS AND DIRECTORS:

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

Electronic Signature of Registered A

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: TD () Delete Title: TD (X) Change () Addition

Name:RALPH, ROLAPEName:RALPH, ROLAPE EAddress:609 HERON BAY DRAddress:609 HERON BAY DR

City-St-Zip: ORLANDO, FL 328255920 US City-St-Zip: ORLANDO, FL 328255920 US

Title: SD () Delete Title: VD (X) Change () Addition

Name: ROWLEY, JOANNE Name: AL, WILEDEN

Address: 1418 LA PALOMA CIR. Address: 546 PLEASANT GROVE DR
City-St-Zip: WINTER SPRINGS, FL 32708 US City-St-Zip: WINTER SPRINGS, FL 32708 US

 Title:
 VD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 SANDLIN-ROLAPE, GWEN
 Name:
 SANDLIN-ROLAPE, GWEN

 Address:
 609 HERON BAY DR
 Address:
 609 HERON BAY DR

 City-St-Zip:
 ORLANDO, FL 328255920 US
 City-St-Zip:
 ORLANDO, FL 328255920 US

Title: PD () Delete Title: SD (X) Change () Addition

Name: FRANK, MARIE Name: HAYES, SHELLY

Address: 2924 CRYSTAL CREEK BLVD. Address: 2145 SUNSET TERRACE DR. City-St-Zip: ORLANDO, FL 32837 US City-St-Zip: ORLANDO, FL 32825 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RALPH ROLAPE TD 05/01/2004