

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N17217 (3)**

1. Corporation Name

**SCUBANAUTS NOT FOR PROFIT, INC.**



Principal Place of Business

Mailing Address

4203 TAHNEE COURT  
 P. O. BOX 43370  
 JACKSONVILLE FL 32203-9270

P.O. BOX 43370  
 JACKSONVILLE FL 32203-2270  
 US

3. Date Incorporated or Qualified  
**10/09/1986**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business

2a. Mailing Address

21 **8558 ROYAL LAKES DR.**

26 **P.O. BOX 8776**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **P.O. BOX 8776**

27

City & State

City & State

23 **JACKSONVILLE, FL**

28 **JACKSONVILLE, FL**

Zip

Country

Zip

Country

24 **32239**

25 **US**

29 **32239**

30 **US**

4. FEI Number  
**59-2889442**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POWELL, JAMES  
 10451 VILLANOVA RD  
 JACKSONVILLE FL 32205**

81 Name  
**JAMES D. NELSEN**

82 Street Address (P.O. Box Number is Not Acceptable)  
**8558 ROYAL LAKES DR.**

83

84 City  
**JACKSONVILLE**

**FL**

85 Zip Code  
**32256**

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

*James D. Nelsen*

**TREASURER**

**JUNE 21, 1996**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**  DELETE  
 NAME **ARMSTRONG, TIM**  
 STREET ADDRESS **3258 CORBY ST**  
 CITY - ST - ZIP **JACKSONVILLE FL**

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

TITLE **DV**  DELETE  
 NAME **DUPES, MICHAEL**  
 STREET ADDRESS **1477 CHALLENGER AVE**  
 CITY - ST - ZIP **JACKSONVILLE FL**

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

TITLE **DT**  DELETE  
 NAME **POWELL, JAMES**  
 STREET ADDRESS **10451 VILLANOVA RD.**  
 CITY - ST - ZIP **JACKSONVILLE FL**

3.1 TITLE  Change  Addition  
 3.2 NAME **JAMES D. NELSEN**  
 3.3 STREET ADDRESS **8558 ROYAL LAKES DR.**  
 3.4 CITY - ST - ZIP **JACKSONVILLE, FL 32256-8445**

TITLE **DS**  DELETE  
 NAME **REDDY, CHRISTINE**  
 STREET ADDRESS **8319 VERMANTH ROAD**  
 CITY - ST - ZIP **JACKSONVILLE FL**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY - ST - ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*James D. Nelsen*  
**TREASURER**

**JUNE 21, 1996**

Date

Daytime Phone #

CR2E037 (3/96)