


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90035 036 ****70.00

DOCUMENT # N17313		
1. Entity Name DOWN UNDER DIVE CLUB, INC.		

Principal Place of Business P O BOX 060626 PALM BAY, FL 32906-0626	Mailing Address P O BOX 060626 PALM BAY, FL 32906-0626
--	--

24041588



2. Principal Place of Business PO Box 360105	3. Mailing Address PO Box 360105
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02132004 Chg-NP CR2E037 (10/03)

City & State MELBOURNE FL	City & State MELBOURNE FL	4. FEI Number 59-2965130	Applied For <input type="checkbox"/> Not Applicable
Zip 32936-0105	Country USA	Zip 32936-0105	Country USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GIVEN, ED 2321 ROYAL POINCIANA BLVD. MELBOURNE, FL 32935		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 N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURLEY, JERI 463 CRESCENT DR MELBOURNE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DEBI BUCK 591 PORT MALABAR BLVD NE PALM BAY FL 32905-4406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM KENNY, GEORGE 615G GREENWOOD VLG BLVD. WEST MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIVE SAFETY OFFICER PHILIP KELLNER 6300 N. WICKHAM RD STE 130 MELBOURNE, FL 32940 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARMICHAEL, BOB 1180 SPRING OAK DR. MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIVEN, ED 2321 ROYAL POINCIANA BLVD. MELBOURNE, FL 329352114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TESTA, LAURA 615G GREENWOOD VLG BLVD. WEST MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LEFAVOR, Laurel 815 Altamira St W Palm Bay, FL 32907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Edward Y. Given Jr. **EDWARD Y. GIVEN JR.** 4/14/04 321-255-5382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #