

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17313

FILED
Mar 11, 2005
Secretary of State

Entity Name: DOWN UNDER DIVE CLUB, INC.

Current Principal Place of Business:

P O BOX 360105
MELBOURNE, FL 329360105

New Principal Place of Business:

Current Mailing Address:

P O BOX 360105
MELBOURNE, FL 329360105

New Mailing Address:

FEI Number: 59-2965130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIVEN, ED
2321 ROYAL POINCIANA BLVD.
MELBOURNE, FL 32935 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: P () Delete
Name: BUCK, DEBI
Address: 591 PORT MALABAR BLVD NE
City-St-Zip: PALM BAY, FL 329054406

Title: DSO () Delete
Name: KELLNER, PHILIP
Address: 6300 N. WICKHAM RD., STE. 130
City-St-Zip: MELBOURNE, FL 32940

Title: VP () Delete
Name: CARMICHAEL, BOB
Address: 1180 SPRING OAK DR.
City-St-Zip: MELBOURNE, FL 32901

Title: T () Delete
Name: GIVEN, ED
Address: 2321 ROYAL POINCIANA BLVD.
City-St-Zip: MELBOURNE, FL 329352114

Title: S () Delete
Name: LEFAVOR, LAUREL
Address: 815 ALTAMIRA ST. NW
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DSO (X) Change () Addition
Name: AUDET, AL
Address: 305 HAILWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32901

Title: VP (X) Change () Addition
Name: UHLAND, KELLY R
Address: 150 HIGHWAY A1A, UNIT 301
City-St-Zip: SATELLITE BEACH, FL 32937

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 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: ED GIVEN

T

03/11/2005

Electronic Signature of Signing Officer or Director

Date