## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17664

FILED Feb 08, 2005 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF DIVE OPERATORS, INC. **New Principal Place of Business: Current Principal Place of Business:** 51 GARDEN COVE DR KEY LARGO, FL 33037 US **Current Mailing Address: New Mailing Address:** PO BOX 39794 FT LAUDERDALE, FL 33339 US FEI Number: 59-2820189 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: SLATE, SPENCER 51 GARDEN COVE DR KEY LARGO, FL 33037 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition SLATE, SPENCER, Name: Name: Address: 51 GARDEN COVE ROAD Address: City-St-Zip: KEY LARGO, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: APPELBAUM, JOHN Name: Address: 1631 E EDGEWOOD DR Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: Title: () Delete Title: () Change () Addition SLATE, ANNETTE Name: Name: 51 GARDEN COVE RD Address: Address: City-St-Zip: KEY LARGO, FL 33037 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: SPENCER SLATE PD 02/08/2005