

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17664

FILED
Jan 11, 2006
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF DIVE OPERATORS, INC.

Current Principal Place of Business:

51 GARDEN COVE DR
KEY LARGO, FL 33037 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 39794
FT LAUDERDALE, FL 33339 US

New Mailing Address:

FEI Number: 59-2820189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLATE, SPENCER
51 GARDEN COVE DR
KEY LARGO, FL 33037 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: PD () Delete
Name: SLATE, SPENCER,
Address: 51 GARDEN COVE ROAD
City-St-Zip: KEY LARGO, FL

Title: D () Delete
Name: APPELBAUM, JOHN
Address: 1631 E EDGEWOOD DR
City-St-Zip: LAKELAND, FL 33803

Title: D (X) Delete
Name: SLATE, ANNETTE
Address: 51 GARDEN COVE RD
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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

01/11/2006

Electronic Signature of Signing Officer or Director

Date