


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90015 019 \*\*\*\*61.25

<b>DOCUMENT # N21853</b>	
1. Entity Name FLORIDA SPELEOLOGICAL RESEARCHERS, INC.	

Principal Place of Business 503 US HWY 27 BRANFORD, FL 32008 US	Mailing Address POB 385 BRANFORD, FL 32008 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07072004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2875970	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLESI, D 1143 SW RIVERSIDE AVE. FT. WHITE, FL 32038		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	DATE
(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLESI, DUSTIN M.	NAME	
STREET ADDRESS	170 ICHETUCKNEE RD	STREET ADDRESS	
CITY-ST-ZIP	FORT WHITE, FL 32038	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, LLOYD	NAME	
STREET ADDRESS	3112 S.W. 101ST TERRACE	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRENCE, TYSALL	NAME	
STREET ADDRESS	P.O. BOX 140421 N/A	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OESTREICH, BILL	NAME	
STREET ADDRESS	8585 N. PINE NEEDLE TERRACE	STREET ADDRESS	
CITY-ST-ZIP	CYRSTAL RIVER, FL 34426	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, LARRY	NAME	
STREET ADDRESS	P.O. BOX 330	STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS, FL 32655	CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANAGAN, GREGORY S	NAME	<b>DIRECTOR</b>
STREET ADDRESS	2701 SE MARCAMP RD, STE. 104	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34471	CITY-ST-ZIP	

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.

<b>SIGNATURE:</b>		<b>7-9-04</b>	<b>(52) 732-2773</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

GREGORY S. FLANAGAN