


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N21853 1. Entity Name FLORIDA SPELEOLOGICAL RESEARCHERS, INC.	
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04252005 No Chg-NP CR2E037 (10/03)

Principal Place of Business 503 US HWY 27 BRANFORD, FL 32008 US	Mailing Address POB 385 BRANFORD, FL 32008 US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2875970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLESI, D 1143 SW RIVERSIDE AVE. FT. WHITE, FL 32038
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000336917
04/27/05-80144-023 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLESI, DUSTIN M. 170 ICHETUCKNEE RD FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAILEY, LLOYD 3112 S.W. 101ST TERRACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TERRENCE, TYSALL P.O. BOX 140421 N/A ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OESTREICH, BILL 8585 N. PINE NEEDLE TERRACE CYRSTAL RIVER, FL 34426
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREEN, LARRY P.O. BOX 330 HIGH SPRINGS, FL 32655
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLANAGAN, GREGORY S 2701 SE MARCAMP RD, STE. 104 OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

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: Dustin Clesi DUSTIN CLESI 4-25-05 386-935-228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Due Daytime Phone #