
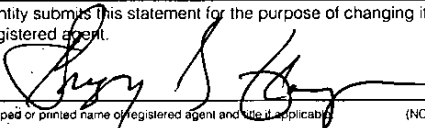
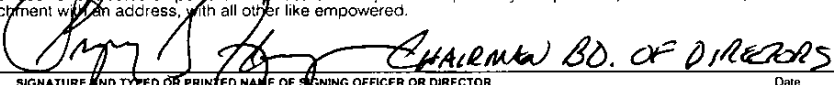


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90079 045 ****61.25

DOCUMENT # N21853 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		
2. Principal Place of Business - No P.O. Box # 2701 SE MARICAMP RD.		3. Mailing Address 2701 SE MARICAMP RD.			
Suite, Apt. #, etc. SUITE 104		Suite, Apt. #, etc. SUITE 104			
City & State OCALA FL		City & State OCALA FL		4. FEI Number 59-2875970	
Zip 34471		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLESI, D 503 US HWY 27 BRANFORD, FL 32008				7. Name and Address of New Registered Agent Name GREGORY S. FLANAGAN, ESQ Street Address (P.O. Box Number is Not Acceptable) 2701 SE MARICAMP RD. SUITE 104 City OCALA FL Zip Code 34471	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and fee, if applicable</small> </div> <div style="width: 20%; text-align: right;"> 4/28/08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLESI, DUSTIN M. 170 ICHETUCKNEE RD FORT WHITE, FL 32038	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DANIEL C. PATTERSON 4363 SW 96TH PLACE OCALA FL 34476	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, LLOYD 3112 S.W. 101ST TERRACE GAINESVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROB ANDERSON PO Box 249 HIGH SPRINGS FL 32655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, JOHNNY PO BOX 2920 HIGH SPRINGS, FL 32655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RICK CRAWFORD P.O. Box 44 O'BRIEN FL 32071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OESTREICH, BILL 8585 N. PINE NEEDLE TERRACE CYRSTAL RIVER, FL 34426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WILLIAM H. MAIN 764 SW THORNE LANE FT. WHITE, FL 32038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, LARRY P.O. BOX 330 HIGH SPRINGS, FL 32655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DALE SWEET 1911 MANOR CIRCLE DRIVE WINTER HAVEN FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANAGAN, GREGORY S 2701 SE MARCAMP RD, STE. 104 OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ALEX WARREN 1150 4TH STREET N #4208 ST. PETERSBURG FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  CHAIRMAN BO. OF DIRECTORS 4/28/08 (352) 732-2773 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					