

**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
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2. Principal Place of Business - No P.O. Box # 2701 SE MARICAMP RD.	3. Mailing Address 2701 SE MARICAMP RD.
Suite, Apt. #, etc. SJITE 104	Suite, Apt. #, etc. SJITE 104
City & State OCALA FL	City & State OCALA FL
Zip 34471	Country USA
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04242008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2875970	Applied For <input checked="" type="checkbox"/> 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 503 US HWY 27 BRANFORD, FL 32008	7. Name and Address of New Registered Agent GREGORY S. FLANAGAN, ESQ
	Street Address (P.O. Box Number is Not Acceptable) 2701 SE MARICAMP RD. SJITE 104
	City OCALA
	Zip Code FL 34471

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/08

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																				
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/08 (352) 732-2773