FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30751 (4)

1. Corporation Name
THE FLORIDA SPELEOLOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
C/O BILL OLDACRE 6208 NW 132 STREET GAINESVILLE FL 32606	C/O BILL OLDACRE 6208 NW 132 STREET GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1989
3a. Date of Last Report: 02/24/1994
4. FEI Number: 59-2742547 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

OLDACRE, BILL
6208 NW 132 STREET
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☑ Change ☐ Addition
NAME	BIRDSALL, BILL	1.2 NAME	~~(illegible)~~ HARRIS, BEVERLY	
STREET ADDRESS	1736 NE 15TH ST	1.3 STREET ADDRESS	5960 NW 13TH STREET	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA, FL	
TITLE	~~VD~~ PD	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	SINGLEY, JOHN	2.2 NAME	SINGLEY, JOHN	
STREET ADDRESS	RT. 1 BOX 1490	2.3 STREET ADDRESS	RT 1 BOX 1490	
CITY-ST-ZIP	OKLAWANA FL	2.4 CITY-ST-ZIP	OKLAWAHA, FL	
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, JERRY M	3.2 NAME		
STREET ADDRESS	529 NW 84TH ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	OLDACRE, WILLIAM	4.2 NAME		
STREET ADDRESS	6208 NW 132 ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP		
TITLE	~~D~~ VD	5.1 TITLE	VD	☑ Change ☐ Addition
NAME	HARRIS, JOHN	5.2 NAME	HARRIS, JOHN	
STREET ADDRESS	5960 N.W. 13TH ST.	5.3 STREET ADDRESS	5960 NW 13TH ST	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	OCALA, FL	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	KRAUSE, MARDI	6.2 NAME		
STREET ADDRESS	1721 SW 76 TERR	6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerry M Johnson JERRY M JOHNSON 904 3950405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000178