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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32653-2531

3. Date Incorporated or Qualified: 02/17/1989
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	D	☑ DELETE	1.1 TITLE	SD	☐ Change ☑ Addition
NAME	HARRIS, BEVERLY		1.2 NAME	~~[illegible]~~ WATERS, LINDA	
STREET ADDRESS	5960 NW 13 ST		1.3 STREET ADDRESS	421 NW 15TH STREET APT 77	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	GAINESVILLE, FL 32603	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SINGLEY, JOHN		2.2 NAME		
STREET ADDRESS	RT. 1 BOX 1490		2.3 STREET ADDRESS		
CITY-ST-ZIP	OKLAWANA FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE	~~SD~~ TD	☑ 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	☐ DELETE	4.1 TITLE	VD	☑ 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	VD	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	HARRIS, JOHN		5.2 NAME	HOWE, QUINTON	
STREET ADDRESS	5960 N.W. 13TH ST.		5.3 STREET ADDRESS	16806 NW 40TH PLACE	
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP	NEWBERRY, FL 32669	
TITLE	D	☑ DELETE	6.1 TITLE	D	☑ Change ☑ Addition
NAME	KRAUSE, MARDI		6.2 NAME	PEAKMAN, KEN	
STREET ADDRESS	1721 SW 76 TERR		6.3 STREET ADDRESS	11145 NW 17TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP	OCALA, FL 32675	

CR2E037 (9/96)

14. I do 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 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: [signature] SIGNATURE REQUIRED Jerry M Johnson 4/26/97 352 332-6576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0011666