2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004
Secretary of State

DOCUMENT# N30751

Entity Name: THE FLORIDA SPELEOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

6208 NW 132 STREET
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

PO BOX 12581
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 59-2742547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLDACRE, WILLIAM
6208 NW 132 STREET
GAINESVILLE, FL 32606

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	BECK, CAREN	
Address:	5515 NW 29TH TERRACE	
City-St-Zip:	GAINESVILLE, FL 32653	
Title:	D	( ) Delete
Name:	WALKER, BILL	
Address:	1033 N.E. 19TH AVENUE	
City-St-Zip:	OCALA, FL 34470	
Title:	T	( ) Delete
Name:	JOHNSON, JERRY M,	
Address:	529 NW 84TH ST	
City-St-Zip:	GAINESVILLE, FL	
Title:	D	( ) Delete
Name:	SCHERER, ADAM	
Address:	824 N.W. 11TH AVENUE	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	P	( ) Delete
Name:	BECK, SULLIVAN	
Address:	5515 NW 29TH TERR	
City-St-Zip:	GAINESVILLE, FL 32653	
Title:	VP	( ) Delete
Name:	ROBERTS, SEAN	
Address:	14021 N.E. 53RD COURT ROAD	
City-St-Zip:	CITRA, FL 32113	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY M JOHNSON MR 05/13/2004

Electronic Signature of Signing Officer or Director — Date