

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30751

FILED
Mar 28, 2008
Secretary of State

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 US

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: D () Delete
Name: CARA, GENTRY
Address: 609 NE 7TH AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: P () Delete
Name: GORDON, MIKE
Address: 10710 SW 186TH AVE
City-St-Zip: DUNNELLON, FL 34432

Title: T () Delete
Name: JOHNSON, JERRY M,
Address: 7130 NE 150TH STREET
City-St-Zip: WILLISTON, FL 32696

Title: S () Delete
Name: MARKLEY, KITTY
Address: 10710 SW 186TH AVE
City-St-Zip: DUNNELLON, FL 34432

Title: D () Delete
Name: PRUITT, BUFORD
Address: 4117 NW 34TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

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
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City-St-Zip:

Title: () Change () Addition
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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 exemption stated 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 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

T

03/28/2008

Electronic Signature of Signing Officer or Director

Date