

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N36283** (2)

1. Corporation Name

TEAM ORLANDO DIVING BOOSTERS CLUB, INC.



Principal Place of Business

Mailing Address

YMCA INTL DR
8422 INTL DR
ORLANDO FL 32819

8505 CEDAR COVE CT
ORLANDO FL 32819

3. Date Incorporated or Qualified
01/22/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **1311 Wellington Terr.**

23 City & State

27 **Maitland Florida**

24 Zip

25 Country

28 Zip

30 Country

4. FEI Number
NOT APPLICABLE

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

10. Name and Address of New Registered Agent

LI, KZ
8505 CEDAR COVE CT
ORLANDO FL 32819

81 Name **Lynn Sullivan**
82 Street Address (P.O. Box Number is Not Acceptable)
1311 Wellington Terr.
83 **Maitland**
84 City **FL** 85 Zip Code **32751**

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

Lynn Sullivan

(NOTE: Registered Agent signature required when reinstating)

June 12, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **HULKO, MICHAEL**
STREET ADDRESS **4735 HICKORY TREE ROAD**
CITY-ST-ZIP **ST. CLOUD FL**

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **Becky Horner**
1.3 STREET ADDRESS **1472 E. Wildmere Ave**
1.4 CITY-ST-ZIP **Longwood FL 32750**

TITLE **VD** ☒ DELETE
NAME **HARP, GROVER**
STREET ADDRESS **4007 NEW HAMPTON CT**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **James Okei**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **STD** ☒ DELETE
NAME **BOLT, TERRI**
STREET ADDRESS **5808 BAYSIDE DR**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE **STD** ☐ Change ☒ Addition
3.2 NAME **Carrie Hahn**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **GUARNERI, KATHY**
STREET ADDRESS **8745 HARBOR VIEW DR**
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE **T** ☐ Change ☒ Addition
4.2 NAME **Lynn Sullivan**
4.3 STREET ADDRESS **1311 Wellington Terr.**
4.4 CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Lynn Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 12, 1996
Date
407 830-0933
Daytime Phone #