

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra P. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 MAY 30 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1311 WELLINGTON TERR  
MAITLAND FL 32751-3462  
US

3. Date Incorporated or Qualified  
01/22/1990

3a. Date of Last Report  
06/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

SULLIVAN, LYNN  
1311 WELLINGTON TERR  
MAITLAND FL 32751

81 Name  
Lynn Sullivan

82 Street Address (P.O. Box Number is Not Acceptable)  
2013 Grand Brook Cir. Apt 814B

83  
Orlando

84 City

FL

85 Zip Code  
32810

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)

DATE

4-13-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	MORNER, BECKY	472 E. WILDMERE AVE	LONGWOOD FL	<input checked="" type="checkbox"/>
VD	O'NEIL, JAMES	4007 NEW HAMPTON CT	ORLANDO FL	<input checked="" type="checkbox"/>
STD	HAHN, CARRIE	5808 BAYSIDE DR	ORLANDO FL	<input checked="" type="checkbox"/>
T	SULLIVAN, LYNN	1311 WELLINGTON TERR.	MAITLAND FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
President, P	Carrie Hahn Haan	2499 Trentwood Blvd	Orlando, FL 32812	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nancy Schuber	Vice President, D	1176 Baltic Lane	Wintersprings FL 32743	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary, D	Gay Middleton	1060 S. Mills Ave	Orlando, FL 32806	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer, D	Lynn Sullivan	2013 Grand Brook Cir	Apt 814B Orlando FL 32810	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Lynn Sullivan  
Lynn Sullivan  
Treasurer

4-13-97 401-475-9150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0014134

CP2E037 (9/96)