

FILE NOW: FILING FEE IS \$61.25

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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36283 (2)

1. Corporation Name

TEAM ORLANDO DIVING BOOSTERS CLUB, INC.

Principal Place of Business YMCA INTL DR 8422 INTL DR ORLANDO FL 32819		Mailing Address 1331 MAGNOLIA BAY CT MARTLAND, FL 32751		3. Date Incorporated or Qualified 01/22/1990	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SULLIVAN, LYNN 2013 GRAND BROOKE CIRCLE APT. 814-B ORLANDO FL 32810				10. Name and Address of New Registered Agent	
				81 Name Sullivan, Lynn	
				82 Street Address (P.O. Box Number is Not Acceptable) 1331 Magnolia Bay Ct	
				83	
				84 City Martland 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D HAAN, CARRIE 2499 TRENTWOOD BLVD. ORLANDO FL 32812	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHOBBER, NANCY 1176 BALTIC LANE WINTERSPRINGS FL 32743	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIDDLETON, GAY 1000 S. MILLS AVE. ORLANDO FL 32806	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SULLIVAN, LYNN 2013 GRAND BROOK CIRCLE, APT. 814-B ORLANDO FL 32810	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD Sullivan, Lynn 1331 Magnolia Bay Ct Martland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013872

3-30-98 407-645-2802

CR2E037 (10/97)