

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37080

FILED
Apr 30, 2009
Secretary of State

Entity Name: NATIONAL ACADEMY OF POLICE DIVING, INC. (NAPD)

Current Principal Place of Business:

14254 S.W. 285 TR
HOMESTEAD, FL 33033 US

New Principal Place of Business:

Current Mailing Address:

14254 S.W. 285 TR
HOMESTEAD, FL 33033 US

New Mailing Address:

FEI Number: 65-0177556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAST, MICHAEL W
11420 SW 55 STREET
MIAMI, FL 33165 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: PD () Delete
Name: GAST, MICHAEL W
Address: 11420 SW 55 STREET
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: TOY, PAUL
Address: 750 N.E. 165 STREET
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: SD () Delete
Name: RUIDIAZ, REY
Address: 3303 TWILIGHT LANE #5104
City-St-Zip: NAPLES, FL 34109

Title: TD () Delete
Name: TALLEY, JOEL
Address: ONE ACADEMY BLVD.
City-St-Zip: BIG SANDY, TX 75755

Title: D () Delete
Name: BECK, DANIEL
Address: 333 NORTH MAIN STREET
City-St-Zip: LIMA, OH 45821

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:

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: MICHAEL W GAST

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date