

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90013 016 ****61.25

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DOCUMENT # N40365 1. Entity Name OCALA DIVE CLUB, INC.					
Principal Place of Business 3934 NE 21ST LANE OCALA, FL 34470 US			Mailing Address 3934 NE 21ST LANE OCALA, FL 34470 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3075064	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JOHNSON, YVONNE J 3934 NE 21ST LANE OCALA, FL 34470				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RAY		NAME	MARTIN, Allen	
STREET ADDRESS	801 NE 42 TERRACE		STREET ADDRESS	7258 Cherry Pass	
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THAYER, BUD		NAME	Kristin Vaughn	
STREET ADDRESS	3455 NE 49 ST		STREET ADDRESS	6380 SE 115 LN	
CITY-ST-ZIP	OCALA, FL 34479		CITY-ST-ZIP	Belleview FL 34420	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYER, WILLIAM		NAME	William Boyer	
STREET ADDRESS	3349 NE 28 AVE		STREET ADDRESS	3349 NE 28 AVE	
CITY-ST-ZIP	OCALA, FL 34479		CITY-ST-ZIP	OCALA FL 34479	
TITLE	TS	<input type="checkbox"/> Delete	TITLE		
NAME	BOYER, DARLENE		NAME		
STREET ADDRESS	3349 NE 28TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34479		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	LYTLE, RICHARD		NAME		
STREET ADDRESS	287 SE 50 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	FAIRBURN, CAMMIE		NAME		
STREET ADDRESS	850 NW 75TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Darlene A Boyer</u> <u>Darlene A Boyer</u> <u>04/12/04</u> <u>352-629-5147</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					