

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N43941** (6)
1. Corporation Name
TREASURE COAST DIVE CLUB, INC.



Principal Place of Business: **399 SEABROOK RD. TEQUESTA FL 33478**
Mailing Address: **PO BOX 7424 JUPITER FL 33468-7424**

3. Date Incorporated or Qualified: **06/17/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **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

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24. Zip: 25, 29, 30
Country: 25, 29, 30

9. Name and Address of Current Registered Agent
RISSMILLER, LARRY
6297 LAUNCH CLUB CIRCLE
JUPITER FL 33458

10. Name and Address of New Registered Agent
81 Name: **Mark Queenan**
82 Street Address (P.O. Box Number is Not Acceptable): **12647 160th**
83 City: **Jupiter**
84 City: **Jupiter**
85 Zip Code: **FL 33478**

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 provisions of, Section 617.0503, Florida Statutes.
SIGNATURE: *Mark Queenan* (Pres., Treas. Coast Dive Club) | 3/11/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PO	<input checked="" type="checkbox"/>
NAME	RISSMILLER, LARRY	
STREET ADDRESS	6297 LAUNCH CLUB CIRCLE	
CITY-ST-ZIP	JUPITER FL	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	RALL, LEONARD	
STREET ADDRESS	124 LAKESHORE DR #230	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	S	<input checked="" type="checkbox"/>
NAME	RAYBUCK, SHANNON	
STREET ADDRESS	19185 SE SOUTHGATE DR	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	MOODY, MARIE	
STREET ADDRESS	16722 TANGERINE BLVD.	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	DC	<input checked="" type="checkbox"/>
NAME	DIXON, SARA	
STREET ADDRESS	201 CHARTER WAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	mark Queenan		
1.3 STREET ADDRESS	12647 160 th		
1.4 CITY-ST-ZIP	Jupiter, FL, 33478		
2.1 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Paul Frankle		
2.3 STREET ADDRESS	192 GREENTREE Cir.		
2.4 CITY-ST-ZIP	Jupiter, FL, 33468		
3.1 TITLE	S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Sandy Frankle		
3.3 STREET ADDRESS	192 GREENTREE Cir.		
3.4 CITY-ST-ZIP	Jupiter, FL, 33468		
4.1 TITLE	S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Valerie Wagner		
4.3 STREET ADDRESS	13454 Columbine Av.		
4.4 CITY-ST-ZIP	Wellington, FL, 33414		
5.1 TITLE	DC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Keith Wagner		
5.3 STREET ADDRESS	13454 Columbine Av.		
5.4 CITY-ST-ZIP	Jupiter, FL, 33414		
6.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	900001781479		
6.3 STREET ADDRESS	-04/16/96--01017--018		
6.4 CITY-ST-ZIP	***61.25		

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: *Sandra B. Frankle* | 3/10/96 | (407) 745-1167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E037 (12/95)

4-15-96
JR