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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49005** (4)

1. Corporation Name

NASSAU VOLUNTEER DIVE RESCUE TEAM, INC.

Principal Place of Business Mailing Address
P.O. BOX 1933 FERNANDINA BEACH FL 32034
P.O. BOX 1933 FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/21/1992** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3115222** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country Zip 29 Country 30

9. Name and Address of Current Registered Agent
KITCHENS, GLENN E
2311 SHADY DALE DR.
YULEE FL 32097

10. Name and Address of New Registered Agent
81 Name **THOMAS J NORTHAM JR**
82 Street Address (P.O. Box Number is Not Acceptable) **1323 PLUM DRIVE EAST**
83
84 City **FERNANDINA BCH.** FL 85 Zip Code **32034**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **THOMAS J NORTHAM JR - PRESIDENT** 1/31/95
Signature, typed or printed name of registered agent and file # if applicable. (NOTE: Registered Agent's signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KITCHENS, GLENN E
STREET ADDRESS	2311 SHADY OAK DR.
CITY - ST - ZIP	YULEE FL
TITLE	VD
NAME	BUBENIK, JOHN
STREET ADDRESS	LAKEWOOD SUBMISSION
CITY - ST - ZIP	FERNANDINA BEACH FL
TITLE	SD
NAME	INGLIS, LISA
STREET ADDRESS	P.O. BOX 1631 N/A
CITY - ST - ZIP	FERNANDINA BEACH FL
TITLE	TD
NAME	INGLIS, HAL S
STREET ADDRESS	P.O. BOX 1631 N/A
CITY - ST - ZIP	FERNANDINA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THOMAS J NORTHAM JR
1.3 STREET ADDRESS	1323 PLUM DRIVE EAST
1.4 CITY - ST - ZIP	FERNANDINA BCH FLORIDA 32034
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KEN CLEMENTS
2.3 STREET ADDRESS	733 TARKON AVE APT A
2.4 CITY - ST - ZIP	FERNANDINA BCH FLA 32034
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LEROY LENGLE
3.3 STREET ADDRESS	1312 N PIKE LANE
3.4 CITY - ST - ZIP	FERNANDINA BCH FLORIDA
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LEROY LENGLE
4.3 STREET ADDRESS	1312 N PIKE LANE
4.4 CITY - ST - ZIP	FERNANDINA BCH FLA 32034
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **THOMAS J NORTHAM JR** 1/31/95 (904) 261-0860
Signature and typed or printed name of signing officer or director Date Deposite Fee \$