## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



N49005

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

1996

(4)

NASSAU VOLUNTEER DIVE RESCUE TEAM, INC.

Principal Place of Business Mailing Address				i iliaitini ait einin inin natu nan	ti Bill Aldit Billi Billi Albi dibil billi sini sasi
P.O. BOX 193 FERNANDINA	3 BEACH FL 32034	P.O. BOX 1933 Fernandina Beach Fi	L 32034		
				3. Date Incorporated or Qualified 05/21/1992	3a. Date of Last Report 03/15/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3115222	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
22		City & State		6. Election Campaign Financing	\$5,00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30		Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	legistered Agent
			81 Name	Clements, Ken	
KITCHEN	is, glenn e		82 Street A	ddress (P.O. Box Number is Not Acceptab	
2311 SH	ady dale dr.		83	S ANTA BAKBAK	A ST
YULEE F	L 32097		63		
			84 City	'ulee	FL 85 Zip Code 7
			V V about named an	reportion submits this statement for the our	
or registers	ad agent, or both, in the State of Flor	ida. Such change was authorize	ad by the corporation s i	rporation submits this statement for the purpoard of directors. I hereby accept the app	ointment as registered agent. I am
familiar with	n, and accept the obligations of, Sec	tion 617,0503, Florida Statutes.	20	ul.i	ala
SIGNATURE	THE S	Clements	YREST DY TE: Registered Agent signature re		DATE
12.	Signature, typed or pillited name of registered ager	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	10 .	Change Addition
NAME	NORTHEY, THOMAS J.		1.2 NAME	Clements, Keni	
STREET ADDRESS	1323 PLUM DRIVE EAST		1.3 STREET ADDRESS	385ANTA BARBARA ST	
CITY-ST-ZIP	FERNANDINA BCH FL		1.4 CITY-ST-ZIP	Yules, FL 32097	
TITLE	VD	DELETE	2.1 TITLE	VD	Change 🔲 Addition
NAME	CLEMENTS, KEN	•	22 NAME	Kelley, MIKE 613 STARLEY DR	145
STREET ADDRESS	133 TARPON AVE APT A		2.3 STREET ADDRESS	U.5	
DITY-ST-ZIP	FERNANDINA BCH FL		2. 4 CITY-ST-ZIP	Fernandina Beach,	FL 32034 Change Addition
TITLE	SD	DELETE	3.1 TITLE	SD	Change Addition
NAME	LENGLE, LEROY		3.2 NAME	LIPINSKI, MARK	
STREET ADDRESS	1312 N PIKE LANE		3.3 STREET ADDRESS	P.O. BOX 1379	203V
CITY-ST-ZIP	FERNANDINA BCH FL	Phritte	3.4. CITY-ST-ZIP	Fernandina Beach, F	Change Addition
TITLE	TD	DELETE	4.1 TITLE	LIPINSKI, MARK	A
NAME	LENGLE, LEROY		4. 2 NAME 4.3 STREET ADDRESS	P.O. BOX 1379	
STREET ADDRESS	1312 N PIKE LANE			Februarona Beach, 1	26 32034
CITY-ST-ZIP	FERNANDINA BCH FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	- Chiranbura Deach,	Change Addition
TITLE NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 \$TREET ADDRESS		
OITY OT 710			6.4 CITY-ST-ZIP		
14. I do hereb				alify for the exemption stated in Section 119	
certify that		inual report or supplemental ann poration or the receiver or truste	nual report is true and ac se empowered to execut	courate and that my signature shall have the lethis report as required by Chapter 617, f	

904-225-2434 Daytinie Phone •