

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000361

**FILED**  
**Apr 23, 2004**  
**Secretary of State****Entity Name:** VOLUSIA COUNTY REEF RESEARCH DIVE TEAM, INC.**Current Principal Place of Business:**4 KATRINAS DR  
ORMOND BCH, FL 32174 US**New Principal Place of Business:****Current Mailing Address:**4 KATRINAS DRIVE  
ORMOND BEACH, FL 32174 US**New Mailing Address:****FEI Number:** 59-3165902**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NORRIS, CLIFFORD S  
4 KATRINAS DRIVE  
ORMOND BEACH, FL 32174 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: D ( ) Delete  
Name: KRODEL, MARK  
Address: 5809 SPRUCE CREEK WOODS DR  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: NORRIS, CLIFFORD S  
Address: 4 KATRINAS DR  
City-St-Zip: ORMOND BEACH, FL

Title: D ( ) Delete  
Name: LANE, JOHN R  
Address: 2609 N PENINSULA DR  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete  
Name: ALVAREZ, FRANK DR.  
Address: 125 NAUTICAL DR.  
City-St-Zip: SOUTH DAYTONA, FL 32119

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLIFFORD NORRIS

D

04/23/2004

Electronic Signature of Signing Officer or Director

Date