2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# N93000000361

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 Chapter 119, 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 S NORRIS D 04/13/2006

Electronic Signature of Signing Officer or Director — Date