

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004193

FILED
Jul 07, 2004
Secretary of State**Entity Name:** TEAM ORLANDO DIVING, INC.**Current Principal Place of Business:**2618 RANGELEY CT.
ORLANDO, FL 32835 US**New Principal Place of Business:****Current Mailing Address:**2618 RANGELEY CT.
ORLANDO, FL 32835 US**New Mailing Address:****FEI Number:** 59-3198271**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEREW, WENDY
2618 RANGELEY CT.
ORLANDO, FL 32835 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:** CEOP () Delete
Name: LEREW, JOHN J
Address: 2618 RANGELEY CT.
City-St-Zip: ORLANDO, FL 32835 US**Title:** D () Delete
Name: LEREW, JOHN J
Address: 2618 RANGELEY CT.
City-St-Zip: ORLANDO, FL 32835 US**Title:** VPD () Delete
Name: LEREW, WENDY
Address: 2618 RANGELEY CT.
City-St-Zip: ORLANDO, FL 32835 US**Title:** TD () Delete
Name: HORNER, BECKY
Address: 472 E. WILDMERE AVE.
City-St-Zip: LONGWOOD, FL 32750**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: WENDY LEREW

VPD

07/07/2004

Electronic Signature of Signing Officer or Director_____
Date