2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000004193

1. Entity Name
TEAM ORLANDO DIVING, INC.

Principal Place of Business	Mailing Address
2618 RANGELEY CT. ORLANDO, FL 32835 US	2618 RANGELEY CT. ORLANDO, FL 32835 US

04122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3198271
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEREW, WENDY
2618 RANGELEY CT.
ORLANDO, FL 32835

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	LEREW, JOHN J
STREET ADDRESS	2618 RANGELEY CT.
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	D
NAME	LEREW, JOHN J
STREET ADDRESS	2618 RANGELEY CT.
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	VPD
NAME	LEREW, WENDY
STREET ADDRESS	2618 RANGELEY CT.
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	TD
NAME	HORNER, BECKY
STREET ADDRESS	472 E. WILDMERE AVE.
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80234-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #