

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003478 (4)**

1. Corporation Name

UNITED STATES OF AMERICA UNDERWATER FEDERATION, INC.



Principal Place of Business

Mailing Address

C/O ROGER SPRINGFELS
6014 NW 36 PL
GAINESVILLE FL 32606
US

P O BOX 13754
1815 N.W. 7TH PLACE
GAINESVILLE FL 32604
US

3. Date Incorporated or Qualified
07/14/1994

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3188203

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPRINGFELS, ROGER
6014 NW 36 PL
GAINESVILLE FL 32606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NANCE, MURRAY	
STREET ADDRESS	4105 IONA ST	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WINGERT, FRANKIE	
STREET ADDRESS	5825 LIVE OAK PARKWAY, SUITE 2-A	
CITY-ST-ZIP	NORCROSS GA 30093	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPRINGFELS, ROGER	
STREET ADDRESS	6014 NW 36 PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, THOMAS E	
STREET ADDRESS	2735 S.W. 35TH PLACE, APT. 2003	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BOOK, KEVIN	
STREET ADDRESS	3606 #18D S.W. 31ST DRIVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PENALTA, ALEXANDER J.D.	
STREET ADDRESS	150 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JENNI, CRAIG
2.3 STREET ADDRESS	5825-2A LIVE OAK PKWY
2.4 CITY-ST-ZIP	NORCROSS GA 30093-1728
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MILLER, JOHN
5.3 STREET ADDRESS	221 SE SANCHEZ AVE
5.4 CITY-ST-ZIP	OCALA FL 34471
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	2500 N FEDERAL HWY, STE 101
6.4 CITY-ST-ZIP	FT LAUDERDALE FL 33305

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Roger Springfels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 27, 1996 (352) 372-0805
Date Daytime Phone #

CR2E037 (12/95)