

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005092

FILED
Aug 18, 2004
Secretary of State**Entity Name:** W F L A DIVING, INC.**Current Principal Place of Business:**% CITY OF LARGO SOUTHWEST COMPLEX
13120 VONN ROAD
LARGO, FL 33774**New Principal Place of Business:****Current Mailing Address:**PO BOX 548
LARGO, FL 33779**New Mailing Address:**PO BOX 1144
INDIAN ROCKS, FL 33785 US**FEI Number:** 59-3400718**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PERRIELLO, ANTHONY
2791 56TH LN N
SAINT PETERSBURG, FL 33710 US**Name and Address of New Registered Agent:**PERRIELLO, ANTHONY
PO BOX 548
LARGO, FL 33779 US

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: _____

08/18/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PERRIELLO, ANTHONY
Address: PO BOX 548
City-St-Zip: LARGO, FL 33779

Title: VPD () Delete
Name: MILLS, JERROD
Address: 2791 56TH LN N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: SD () Delete
Name: TILBROOK, WAYNE
Address: 10664 92ND ST N
City-St-Zip: LARGO, FL 33777

Title: TD () Delete
Name: PECKNAM, MARLYN
Address: 259 TEMPLE LANE
City-St-Zip: BELLEAIR BLUFFS, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PERRIELLO, ANTHONY
Address: PO BOX 548
City-St-Zip: LARGO, FL 33779 US

Title: VPD (X) Change () Addition
Name: MANN, AMY
Address: PO BOX 548
City-St-Zip: LARGO, FL 33779 US

Title: SD (X) Change () Addition
Name: LANG, CAROLYN
Address: 17001 MELBA LANE
City-St-Zip: LUTZ, FL 33549 US

Title: TD (X) Change () Addition
Name: MOSES, TRICIA
Address: PO BOX 1144
City-St-Zip: INDIAN ROCKS, FL 33785 US

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: ANTHONY PERRIELLO

PD

08/18/2004

Electronic Signature of Signing Officer or Director

Date