

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004459

FILED
Apr 30, 2006
Secretary of State

Entity Name: ORLANDO REEF DIVERS, INC.

Current Principal Place of Business:

P O BOX 1863
WINTER PARK, FL 32790 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1863
WINTER PARK, FL 32790 US

New Mailing Address:

FEI Number: 59-3463227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIS, DAVID C
LINCOLN PLAZA STE 1400
300 S ORANGE AVE
ORLANDO, FL 32801 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: PE () Delete
Name: CASTROFORT, JOE
Address: 4620 TOWERPINE ROAD
City-St-Zip: ORLANDO, FL 32839

Title: T () Delete
Name: ROBERTS, KATHRYN S
Address: 2925 HUNTINGTON ST
City-St-Zip: ORLANDO, FL 32803

Title: S () Delete
Name: COCHRAN, SUSAN
Address: 161 PINESONG DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: P () Delete
Name: DOYLE, JANET
Address: 367 HOLT AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: DD () Delete
Name: AMOS, KEITH
Address: 1010 HUNTINGTON COURT
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CASTROFORT, JOE
Address: 4620 TOWERPINE ROAD
City-St-Zip: ORLANDO, FL 32839

Title: T (X) Change () Addition
Name: BYERS, ROBERT M
Address: 3928 CARNABY DR.
City-St-Zip: OVIEDO, FL 32765

Title: S (X) Change () Addition
Name: BRODIE, ELENITA
Address: 1158 CARMEL CIRCLE #120
City-St-Zip: CASSELBERRY, FL 32707

Title: PE (X) Change () Addition
Name: BARNETT, DOUGLAS
Address: 1317 OLALOOSA AVE
City-St-Zip: ORLANDO, FL 32822

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: ROBERT M. BYERS

T

04/30/2006

Electronic Signature of Signing Officer or Director

Date