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NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

(6)

COLLEGE SWIMMING COACHES ASSOCIATION OF AMERICA.

FILED Feb 23 1998 8:00am Secretary of State



2. Principal Place of Business 21 3077 N.C+D 22 28 5. Certificate of Status Desired 5. Certificate	INC.	
STE_118 MYRTLE BEACH SC 29577 MYRTLE BEACH SC 29577 4. FEI Number 59-6145666 2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. Suite, Apt. #, etc. 3. City & State 3. City & State 4. Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Election Campaign Financing 7. Is this nonprofit corporation a homeowners association? 2. Principal Place of Business 2. City & State 2. City & State 2. Status Desired 3. City & State 7. Is this nonprofit corporation owes or has paid the ourrent year intangible 2. Principal Place of Status Desired 3. Status Desired 3. This corporation owes or has paid the ourrent year intangible 2. Principal Place of Status Desired 3. Status Desired 3. This corporation owes or has paid the ourrent year intangible 2. Principal Place of Status Desired 3. Status Desired 3. This corporation owes or has paid the ourrent year intangible 2. Principal Place of Status Desired 3. This corporation owes or has paid the ourrent year intangible 3. Principal Place of Status Desired 3. No. Name and Address of New Registered Agent 3. Name 4. Name 4. Name 4. The Name Address of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. Is this nonprofit corporation owes or has paid the ourrent year intangible 6. Election Campaign Financing 7. Is this nonprofit corporation owes or has paid the ourrent year intangible 7. Is this nonprofit corporation owes or has paid the	Principal Place of Business Mailing Address	# (EDIN) ADEN THEORY WHEN AND THEORY WITH BARK AND BARK BARK BARK BARK BARK BARK BARK BARK
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Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Zip Zip Zip Zip And Address of Current Registered Agent To. Name and Address of New Registered Agent 81 Name HOWELL, MARY 1401 NE STREET HARBOR COVE APT. 105 FT. LAUDERDALE FL 33334 Fee Required \$5.00 May Be Added to Fees City & State 7. Is this nonprofit corporation a homeowners association? Yes No 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, Florida Statutes, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE Formula of Status Desired Status of Statu		59-6145666 Not Applicable
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28 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HOWELL, MARY 1401 NE STREET HARBOR COVE APT. 105 FT. LAUDERDALE FL 33334 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE		
Name Name HOWELL, MARY 10. Name and Address of New Registered Agent 81 Name HOWELL, MARY 1401 NE STREET HARBOR COVE APT. 105 FT. LAUDERDALE FL 33334 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE		The delipolation office of the paid the delimination with Bible
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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	FI. LAUDENDALE FL 33334	84 City 85 Zip Code
SIGNATURE NOWER 21698	44 Dura and to the provisions of Postions 647 0500 and 647 1500 Florida Statutos III	the above named correction submits this statement for the purpose of changing its registered
SIGNATURE NOWER 21698	office or registered agent or both, in the State of Florida, Such change was author	norized by the corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eightful required when reinstating) DATE	agent. I am tantiliar with, and accept the obligations of, Section 617.0503, Florida	
digitals, typed of printed titals of registered again and title in approache. The registered again again again a colored and removements.	SIGNATURE Standard or pulphed name of the interest and title if applicable (NOTE Reg	poliptaged Argent significant significant when rejustation)
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
		1.1 TITLE Change Addition
NAME HAMOND, SCOTT 12 NAME		1.2 NAME
STREET ADDRESS BOX 8501 CASE ATHLETIC CENTER 1.3 STREET ADDRESS		1.3 STREET ADDRESS
CITY-ST-ZIP RALIEGH NC 27695 1.4 CITY-ST-ZIP		1.4 CFTY - ST - ZIP
TITLE \$TD DELETE 2.1 YITLE Change Addition		2.1 TITLE Change Addition
NAME MEGERLE, DONALD R 22 NAME	NAME MEGERLE, DONALD R	22 NAME
STREET ADDRESS ATHLETIC DEPT./TUFTS UNIVERSITY 2.3 STREET ADDRESS	STREET ADDRESS ATHLETIC DEPT./TUFTS UNIVERSITY	2.3 STREET ADDRESS
CITY-ST-ZIP MEDFORD MA 2.4 CITY-ST-ZIP	CITY-ST-ZIP MEDFORD MA	2. 4 CITY-ST-ZIP
TITLE ED DELETE 3.1 TITLE Change Addition	TITLE ED DELETE	3.1 TITLE Change Addition
NAME BOETTNER, ROBERT 32 NAME	NAME BOETTNER, ROBERT	3.2 NAME
STREET ADDRESS 1113 48TH AVE., NORTH STE. 118 3.3 STREET ADDRESS	STREET ADDRESS 1113 48TH AVE., NORTH STE. 118	3.3 STREET ADDRESS
CITY-ST-ZIP MYRTLE BEACH SC 29577 3.4. CITY-ST-ZIP		
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r nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(j), 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.

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