


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713341 (6)**

1. Corporation Name  
**COLLEGE SWIMMING COACHES ASSOCIATION OF AMERICA, INC.**



Principal Place of Business 1113 48TH AVE., NORTH STE. 118 MYRTLE BEACH SC 29577	Mailing Address 1113 48TH AVE., NORTH STE. 118 MYRTLE BEACH SC 29577
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3. Date Incorporated or Qualified <b>09/14/1967</b>	
4. FEI Number <b>59-6145666</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>3077 Nichols Hwy</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc.		
22 City & State 23 <b>Greenville, SC</b>	27 City & State 28 <b>Greenville, SC</b>		
24 Zip <b>29544</b>	25 Country <b>USA</b>	29 Zip <b>29544</b>	30 Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOWELL, MARY**  
**1401 NE STREET**  
**HARBOR COVE APT. 105**  
**FT. LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 Mary Howell DATE 2/6/98

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMOND, SCOTT</b>	1.2 NAME	
STREET ADDRESS	<b>BOX 8501 CASE ATHLETIC CENTER</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RALIEGH NC 27695</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEGERLE, DONALD R</b>	2.2 NAME	
STREET ADDRESS	<b>ATHLETIC DEPT./TUFTS UNIVERSITY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEDFORD MA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ED</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOETTNER, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>1113 48TH AVE., NORTH STE. 118</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MYRTLE BEACH SC 29577</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CP2E037 (10/97)