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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713341

1. Corporation Name

COLLEGE SWIMMING COACHES ASSOCIATION OF AMERICA, INC.

Principal Place of Business

3077 NICHOLS HWY
STE. 118
GALIVANTS FERRY SC 29544
US

Mailing Address

3077 NICHOLS HWY
STE. 118
GALIVANTS FERRY SC 29544
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/14/1967

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-6145666

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

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

81 Name

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

777 S. FEDERAL HWY
#E201

84 City

Pompano Beach FL

85 Zip Code

32062

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HAMOND, SCOTT
STREET ADDRESS BOX 8501 CASE ATHLETIC CENTER
CITY-ST-ZIP RALIEGH NC 27695

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
 Change Addition

TITLE STD
NAME MEGERLE, DONALD R
STREET ADDRESS ATHLETIC DEPT./TUFTS UNIVERSITY
CITY-ST-ZIP MEDFORD MA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
 Change Addition

TITLE ED
NAME BOETTNER, ROBERT
STREET ADDRESS 1113 48TH AVE., NORTH STE. 118
CITY-ST-ZIP MYRTLE BEACH SC 29577

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
 Change Addition

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, with all other like empowered.

SIGNATURE: *S. Robert Boettner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-99 843 358 0145
Date Daytime Phone #

CR2E037 (11/98)