## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#713341**

FILED Feb 04, 2004 Secretary of State

Entity Name: COLLEGE SWIMMING COACHES ASSOCIATION OF AMERICA, INC.

Name and Address of Current Registered Agent:  HOWELL, MARY  177 S. FEDERAL HWY  18201  POMPANO BEACH, FL 33062  The above named entity submits this statement for the purpose of changing its registered office or registered agen the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date				
COLORADO SPRINGS, CO 80920 US  COLORADO SPRINGS, CO 80920 US  COLORADO SPRINGS, CO 80920 US  New Mailing Address:  PO BOX 63285 COLORADO SPRINGS, CO 80962 US  FEI Number: 59-6145666 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status De:  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent  Name and Address of New Registered Agent  Name and Address of New Registered Agent  POMPANO BEACH, FL 33062  The above named entity submits this statement for the purpose of changing its registered office or registered agent the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Difficers AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND  Name: Address: ATHLETICS/SVVIM COACH Name: Address: ATHLETICS/SVVIM COACH Name: MEGERLE, DONALD R  Name: MEGERLE, DONALD R  Name: MEGERLE, DONALD R  Address: City-St-Zip: MEDFORD, MA  CITY ST-ZIP  Name: Address: City-St-Zip: MEDFORD, MA  City-St-Zip: MEDFO	ipal Place of Business:	New Principal P	e of Business:	Current Principal Plac
PO BOX 63285 COLORADO SPRINGS, CO 80915 US  PO BOX 63285 COLORADO SPRINGS, CO 80962 US  FEI Number: 59-6145666 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Decomposed in the State of Fei Number Not Applicable ( ) Certificate of Status Decomposed in the State of Fei Number Not Applicable ( ) Certificate of Status Decomposed in the State of Fei Number Not Applicable ( ) Certificate of Status Decomposed in the State of Fei Number Not Applicable ( ) Certificate of Status Decomposed in the State of Fei Number Not Applicable ( ) Certificate of Status Decomposed in the State of Fei Number Not Applicable ( ) Certificate of Status Decomposed in the State of Fei Number Not Applicable ( ) Certificate of Status Decomposed in the State of Fei Number Not Applicable ( ) Certificate of Status Decomposed in the State of Fei Number Not Applicable ( ) Certificate of Status Decomposed in the State of Fei Number Not Applicable ( ) Certificate of Status Decomposed in the State of Fei Number Not Applicable ( ) Certificate of Status Decomposed in the State Decomposed in the State Of Fei Number Not Address: City-St-Zip: PROVO, UT 84602  Fei Number Not Applicable ( ) Certificate of Status Decomposed in the State Decomposed in				
COLORADO SPRINGS, CO 80915 US  COLORADO SPRINGS, CO 80962 US  FEI Number: 59-6145666 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Devinance and Address of Current Registered Agent:  Name and Address of New Registered Agent:  Name and Address of New Registered Agent  Name and Address of New	ng Address:	New Mailing Ad	ess:	Current Mailing Addre
Name and Address of Current Registered Agent:  HOWELL, MARY  177 S. FEDERAL HWY  18201  POMPANO BEACH, FL 33062  The above named entity submits this statement for the purpose of changing its registered office or registered agen the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date				
HOWELL, MARY 777 S. FEDERAL HWY #E201 POMPANO BEACH, FL 33062 The above named entity submits this statement for the purpose of changing its registered office or registered age in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date	icable ( ) Certificate of Status Desired ( )	FEI Number Not Applicable (	FEI Number Applied For ( )	El Number: 59-6145666
777 S. FÉDERAL HWY #E201 POMPANO BEACH, FL 33062  The above named entity submits this statement for the purpose of changing its registered office or registered age in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date	Address of New Registered Agent:	Name and Addre	Current Registered Agent:	Name and Address of
Electronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND  Title: PD () Delete Name: POWERS, TIM Name: Address: ATHLETICS/SWIM COACH City-St-Zip: PROVO, UT 84602  Title: STD () Delete Name: MEGERLE, DONALD R Address: ATHLETIC DEPT./TUFTS UNIVERSITY Address: City-St-Zip: MEDFORD, MA  Date  ADDITIONS/CHANGES TO OFFICERS AND  Title: () Change () Addition Name: Address: Address: Address: City-St-Zip: MEDFORD, MA  City-St-Zip:	s registered office or registered agent, or both,	purpose of changing its regi		E201 POMPANO BEACH, FL The above named entity n the State of Florida.
DFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND  Title: PD () Delete Name: POWERS, TIM Name: Address: City-St-Zip: PROVO, UT 84602  Title: STD () Delete Title: Name: MEGERLE, DONALD R Address: ATHLETIC DEPT./TUFTS UNIVERSITY Address: City-St-Zip: MEDFORD, MA City-St-Zip:			onic Signature of Pegistered Ac	
Title: PD () Delete Title: () Change () Addition Name: Address: ATHLETICS/SWIM COACH Address: City-St-Zip: PROVO, UT 84602 City-St-Zip:  Title: STD () Delete Title: () Change () Addition Name: MEGERLE, DONALD R Name: Address: ATHLETIC DEPT./TUFTS UNIVERSITY Address: City-St-Zip: MEDFORD, MA City-St-Zip:			•	
Name: MEGERLE, DONALD R Name: Address: ATHLETIC DEPT./TUFTS UNIVERSITY Address: City-St-Zip: MEDFORD, MA City-St-Zip:		Title: Name: Address:	) Delete M WIM COACH	ritle: PD ( lame: POWERS, TIN kddress: ATHLETICS/S
	( ) Change ( ) Addition	Name: Address:	ONALD R PT./TUFTS UNIVERSITY	lame: MEGERLE, DO Address: ATHLETIC DE
Ittle: ED () Delete Ittle: () Change () Addition Name: BOETTNER, ROBERT Name: Address: 6415 ROCKY BLUFF #201 Address: City-St-Zip: COLORADO SPRINGS, CO 80918 City-St-Zip:	( ) Change ( ) Addition	Address:	BLUFF #201	lame: BOETTNER, R Address: 6415 ROCKY

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: ROBERT BOETTNER ED 02/04/2004