

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713341

FILED  
Jan 16, 2006  
Secretary of State

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

**Current Principal Place of Business:**

8540 SALSIFA TERRACE  
COLORADO SPRINGS, CO 80920 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 63285  
COLORADO SPRINGS, CO 80962 US

**New Mailing Address:**

FEI Number: 59-6145666      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOWELL, MARY  
777 S. FEDERAL HWY  
#E201  
POMPANO BEACH, FL 33062 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: PD ( ) Delete  
Name: MORRIS, RICHARD  
Address: 1000 HOLY AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: SD ( ) Delete  
Name: MEGERLE, DONALD R  
Address: 159 COLLEGE AVE  
City-St-Zip: SOMERVILLE, MA 02144

Title: ED ( ) Delete  
Name: BOETTNER, ROBERT  
Address: 8540 SALSIFA TERRACE  
City-St-Zip: COLORADO SPRINGS, CO 80920

Title: TD ( ) Delete  
Name: WENDER, MICKEY  
Address: ATHLETIC DEPT - U WASHINGTON  
City-St-Zip: SEATTLE, WA 98195

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: MORRIS, RICHARD P  
Address: 1000 HOLT AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: SD (X) Change ( ) Addition  
Name: SHINOFIELD, JOEL  
Address: WASHINGTON & LEE UNIV PO BOX 928  
City-St-Zip: LEXINGTON, VA 24450

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: KNOLES, CHUCK  
Address: U PITTSBURGH PO BOX 7436  
City-St-Zip: PITTSBURGH, PA 15213

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 BOETTNER

ED

01/16/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date