

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713341

FILED
Mar 19, 2009
Secretary of State

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

Current Principal Place of Business:

10320 E. VERBENA LANE
SCOTTSDALE, AZ 85255 US

New Principal Place of Business:

4107 ALLEQUIPPA ST.
PITTSBURGH, PA 15219 US

Current Mailing Address:

10320 E. VERBENA LANE
SCOTTSDALE, AZ 85255 US

New Mailing Address:

4107 ALLEQUIPPA ST.
PITTSBURGH, PA 15219 US

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

Name and Address of Current Registered Agent:

BRUCE, WIGO
INTERNATIONAL SWIMMING HALL OF FAME
ONE HALL OF FAME DRIVE
FORT LAUDERDALE, FL 33316 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: PRES () Delete
Name: KENNEDY, GEORGE
Address: SWIM COACH- NEWTON WHITE ATHLETIC CENTER
City-St-Zip: BALTIMORE, MD 21218

Title: SECY () Delete
Name: SHINOFIELD, JOEL
Address: 330 ENFIELD ROAD
City-St-Zip: LEXINGTON, VA 24450

Title: TRSR () Delete
Name: KNOLES, CHUCK
Address: PO BOX 7436
City-St-Zip: PITTSBURGH, PA 15213

Title: DIR () Delete
Name: WHITTEN, PHIL
Address: 10320 E. VERBENA LANE
City-St-Zip: SCOTTSDALE, AZ 85255

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CHUCK KNOLES

TRSR

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date