

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713341

FILED  
Jan 04, 2010  
Secretary of State

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

**Current Principal Place of Business:**

4107 ALLEQUIPPA ST.  
PITTSBURGH, PA 15219 US

**New Principal Place of Business:**

**Current Mailing Address:**

4107 ALLEQUIPPA ST.  
PITTSBURGH, PA 15219 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:**

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  
Name: KENNEDY, GEORGE  
Address: SWIM COACH- NEWTON WHITE ATHLETIC CENTER  
City-St-Zip: BALTIMORE, MD 21218 US

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

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

Title: DIR  
Name: GROSETH, BOB  
Address: 1640 MAPLE ST. #803  
City-St-Zip: EVANSTON, IL 60201 US

Title: PREL  
Name: BERNARDINO, MARK  
Address: PO BOX 400846- ALDERMAN & MASSIE RD  
City-St-Zip: CHARLOTTESVILLE, VA 22904 US

I hereby 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 all other like empowered.

SIGNATURE: CHUCK KNOLES

TRSR

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date