

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

37.

03-27-2003 90079 027 ***150.00

DOCUMENT # 713341
1. Entity Name
COLLEGE SWIMMING COACHES ASSOCIATION OF AMERICA, INC.



Principal Place of Business: **2077 NICHOLS HWY STE 118 GALVANTO FERRY SC 29544 US**
Mailing Address: **6415 ROCKY BLUFF #201 COLORADO SPRINGS CO 80915 US**



2. Principal Place of Business: **8540 Salsita Terrace**
3. Mailing Address: **None**
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State: **Colorado Springs CO**
City & State: **Colorado Springs CO**
Zip: **80920** Country: **US**

4. FEI Number: **59-6145666**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:
**HOWELL, MARY
777 S. FEDERAL HWY
#E201
POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent:
Name: _____
Street Address (P.O. Box Number Is Not Acceptable): _____
City: **FL** Zip Code: _____

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)
DATE: **4/14/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD	<input type="checkbox"/> Delete
NAME: POWERS, TIM	
STREET ADDRESS: ATHLETICS/SWIM COACH	
CITY-ST-ZIP: PROVO UT 84602	
TITLE: STD	<input type="checkbox"/> Delete
NAME: MEGERLE, DONALD R	
STREET ADDRESS: ATHLETIC DEPT./TUFTS UNIVERSITY	
CITY-ST-ZIP: MEDFORD MA	
TITLE: ED	<input type="checkbox"/> Delete
NAME: BOETTNER, ROBERT	
STREET ADDRESS: 6415 ROCKY BLUFF #201	
CITY-ST-ZIP: COLORADO SPRINGS CO 80918	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Robert Boettner* 4/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)

719 266 0064