

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Nov 06, 2010  
Secretary of State**

DOCUMENT# 752888

Entity Name: WEST FLORIDA LIGHTNING AQUATICS, INC.

**Current Principal Place of Business:**WFLA  
13120 VONN ROAD  
LARGO, FL 33774**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 1144  
INDIAN ROCKS BEACH, FL 337851144 US**New Mailing Address:**

FEI Number: 59-6582968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**KERR, CHERYL J  
14991 SOVEREIGN DRIVE  
LARGO, FL 33774 US**Name and Address of New Registered Agent:**HEALY, ROBERT J  
7220 131ST STREET  
SEMINOLE, FL 33776 US

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: ROBERT HEALY

11/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P  
Name: HEALY, ROBERT J  
Address: 7220 131ST STREET  
City-St-Zip: SEMINOLE, FL 33776 USTitle: VP  
Name: CHRISTIAN, JULIE  
Address: 1044 DAMROSCH STREET  
City-St-Zip: LARGO, FL 33771 USTitle: VP  
Name: RUSSO, DEANNA  
Address: 13118 72ND TERRACE NORTH  
City-St-Zip: SEMINOLE, FL 33776 USTitle: T  
Name: BARBER, LONI  
Address: 7864 LANTANA CREEK ROAD  
City-St-Zip: SEMINOLE, FL 33777 USTitle: D  
Name: AKKER, LISA  
Address: 13925 GULL WAY  
City-St-Zip: CLEARWATER, FL 33762 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: ROBERT HEALY

P

11/06/2010

Electronic Signature of Signing Officer or Director

Date