

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713341

FILED
Jan 07, 2014
Secretary of State
CC7491557552

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

Current Principal Place of Business:

SUITE 218 FFH / SWIMMING OFFICE
3471 ALLEQUIPPA ST.
PITTSBURGH, PA 15261

Current Mailing Address:

4107 ALLEQUIPPA ST.
PITTSBURGH, PA 15219 US

FEI Number: 59-6145666

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BRUCE, WIGO
INTERNATIONAL SWIMMING HALL OF FAME
ONE HALL OF FAME DRIVE
FORT LAUDERDALE, FL 33316 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name SANOCKI, KIRK
Address WINGATE UNIVERSITY
 PO BOX 159
City-State-Zip: WINGATE NC 28174

Title SECY
Name TRAVERS, MAUREEN
Address 720 NORTHERN BLVD.
City-State-Zip: BROOKVILLE NY 11756

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

Title PREL
Name WADLEY, BILL
Address 1847 NEIL AVE.
 MCCORKLE AQUATIC PAVILLION
City-State-Zip: COLUMBUS OH 43210

Title EXECUTIVE DIRECTOR
Name SHINOFIELD, JOEL
Address 1585 WESLEYAN DRIVE, UNIT A
City-State-Zip: NORFOLK VA 23502

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

TREASURER

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date