

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000009763

Entity Name: UNITED STATES MASTERS SWIMMING, INC.**Current Principal Place of Business:**1751 MOUND ST STE 201
SARASOTA, FL 34236**Current Mailing Address:**1751 MOUND ST STE 201
SARASOTA, FL 34236**FEI Number: 31-0999051****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLALOCK WALTERS, P.A.
802 11TH ST W
BRADENTON, FL 34205 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	P
Name	MILLER, PATRICIA M
Address	1751 MOUND ST STE 201
City-State-Zip:	SARASOTA FL 34236

Title	S
Name	DANNER, GREG
Address	1751 MOUND ST STE 201
City-State-Zip:	SARASOTA FL 34236

Title	T
Name	DAVIS, RALPH
Address	1751 MOUND ST STE 201
City-State-Zip:	SARASOTA FL 34236

Title	VP
Name	LIVONI, DONN
Address	1751 MOUND ST STE 201
City-State-Zip:	SARASOTA FL 34236

Title	VP
Name	COLBURN, CHRISTOPHER
Address	1751 MOUND ST STE 201
City-State-Zip:	SARASOTA FL 34236

Title	VP
Name	GUADAGNI, PETER
Address	1751 MOUND ST STE 201
City-State-Zip:	SARASOTA FL 34236

Title	VP
Name	THOMPSON, FRANK
Address	1751 MOUND ST STE 201
City-State-Zip:	SARASOTA FL 34236

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: RALPH DAVIS**TREASURER****02/08/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date