

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734220 (7)

1. Corporation Name

NATIONAL FORUM FOR THE ADVANCEMENT OF AQUATICS,
INC.



Principal Place of Business

Mailing Address

15 FREDERICK CIR
LYNN MA 01904
US

15 FREDERICK CIR
LYNN MA 01904
US

3. Date Incorporated or Qualified
10/31/1975

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

Mailing Address

21 SAME AS ABOVE

27 Suite, Apt. #, etc.

22 City & State

28 City & State

23 Zip Country

29 Zip Country

24 25 9. Name and Address of Current Registered Agent

4. FEI Number
04-2581849

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

KNOTT, FRANCES, E
5510 MAZE DR
PUNTA GORDA FL 33950

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DUDA, DAVID
STREET ADDRESS 5021 SW 94 WAY
CITY-ST-ZIP COOPER CITY FL

TITLE D ☐ DELETE
NAME PETTY, RICHARD
STREET ADDRESS 2216 CYPRESS BEND DR. N. APT. PH7 BLD. 14
CITY-ST-ZIP POMPANO BCH. FL

TITLE D ☐ DELETE
NAME WELSH, SALLY
STREET ADDRESS 2327 IDA WAY
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE DT ☐ DELETE
NAME WING, FRED
STREET ADDRESS 15 FREDERICK CIRCLE
CITY-ST-ZIP LYNN MA 01904

TITLE D ☐ DELETE
NAME HAVENS, KEITH
STREET ADDRESS 28510-D DRIVE NORTH
CITY-ST-ZIP ALBION MI 49224

TITLE D ☐ DELETE
NAME STECYK, MARY A
STREET ADDRESS 255 NEW BRITAIN AVENUE, NORTH
CITY-ST-ZIP HARTFORD CT 06106

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME NO CHANGE
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME NO CHANGE
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SD ADELE PIERCE
3.2 NAME 626 PARKVIEW BLVD
3.3 STREET ADDRESS YEADON, PA 19050
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE DT NO CHANGE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE D NO CHANGE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE D NO CHANGE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FRED A WING TREASURER

11/26/96
617 599-1413

CR2E037 (12/95)