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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **734220** **(7)**

1. Corporation Name

NATIONAL FORUM FOR THE ADVANCEMENT OF AQUATICS, INC.

Principal Place of Business
15 FREDERICK CIR
LYNN MA 01904
US

Mailing Address
15 FREDERICK CIR
LYNN MA 01904-2217
US

3. Date Incorporated or Qualified: 10/31/1975
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business
21 FLORIDA
Suite, Apt #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 SEE BLOCK 9
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: SAME AS BLOCK 9
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: CONTINUOUS APPOINTMENT
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 33069	
TITLE	SD	☐ DELETE
NAME	PIERCE, ADELE	
STREET ADDRESS	636 PARKVIEW BLVD	
CITY-ST-ZIP	YEADON PA 19050	
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 BRITIAN AVENUE, NORTH	
CITY-ST-ZIP	HARTFORD CT 06106	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D,	☑ Change ☐ Addition
1.2 NAME	JOHN SPANNUTH	
1.3 STREET ADDRESS	BOX 3279	
1.4 CITY-ST-ZIP	BOYNTON BEA. FL 33424	
2.1 TITLE	D, SAME AS CONTRA	☐ Change ☐ Addition
2.2 NAME	2216 CYPRESS BEND DR. NO. APT PH7	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	POMPANO BCH, FL 33069 BLD 14	
3.1 TITLE	SD SAME AS CONTRA	☐ Change ☐ Addition
3.2 NAME	636 PARKVIEW BLVD	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	YEADON, PA 19050	
4.1 TITLE	DT SAME AS CONTRA	☐ Change ☐ Addition
4.2 NAME	15 FREDERICK CIRCLE	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	LYNN, MA 01904	
5.1 TITLE	D, SAME AS CONTRA	☐ Change ☐ Addition
5.2 NAME	28510 D DRIVE NORTH	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	ALBION MI 49224	
6.1 TITLE	D. DAVID DUDA	☑ Change ☐ Addition
6.2 NAME	5021 S.W 94 W AV	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	COOPER CITY FL 33328	

CR2E037 (9/96)

14. I do 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 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: Fred A. Wing TREAS 1/27/97 617 599-1413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078164