## **FILE NOW: FILING FEE IS \$61.25** NONPROFIT CORPORATION ANNUAL REPORT

1998

LYNN MA

ALBION MI

**DUDA, DAVID** 

502 SW 94 W AVE

HAVENS, KEITH

28510-D DRIVE NORTH

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

NATIONAL FORUM FOR THE ADVANCEMENT OF AQUATICS.

## Principal Place of Business Mailing Address 15 FREDERICK CIR 15 FREDERICK CIR 3. Date Incorporated or Qualified LYNN MA 01804 LYNN MA 01904 <u>10/31/1975</u> 4. FEI Number Applied For 04-2581849 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional V 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CHANGE KNOTT, FRANCES, E 82 Street Address (P.O. Box Number is Not Acceptable) 5510 MAZE DR 83 **PUNTA GORDA FL 33950** 84 City 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 little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE TITLE 1.1 THILE DEBLUNDER 30 AM SPAWN, JOHN NAME 1.2 NAME **BOX 3279 N/A** STREET ADDRESS 1.3 STREET ADDRESS DOX 3279 NIA **BOYNTON BCH FL** BOYN TUN BEA. CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change 2.1 TITLE TITLE PETTY PICKARD PRN ARTA PETTY, RICHARD NAME 2.2 NAME 2216 CYPRESS BEND DR. N. APT. PH7 BLD. 14 2.3 STREET ADDRESS STREET ADDRESS POMPANO BCH. FL DOMPING SCH FL CITY-ST-ZIP 2. 4 City-St-ZIP Change DELETE Addition TITLE 3.1 TITLE Sp NAME PIERCE, ADELE 3.2 NAME MAKI PNIV 636 PARKVIEW BLVD STREET ADDRESS 3.3 STREET ADDRESS YEADON PA CITY-ST-ZIP 3.4. CITY - ST - ZIP BOCA RATON FL \_\_\_ Addition □ DELETE ☐ Change TITLE DI 4.1 TITLE WING FRED 15 FREDERICK LYNN MA 4.2 NAME CIPCLE EDENIUR CIRCLE 4.3 STREET ADDRESS

CITY-ST-ZIP COOPER CITY FL

14. Thereby 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 13 if changes, or on an attachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

□ DELETE

1/26/98 701 500 1412

SHAVENS, KEITTH

DUDA DAVID AUG

M BICK, KIL

285100 DRIVE NORTH

Change

☐ Change

Addition

FILED

Feb 06 1998 8:00am

Secretary of State