

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 A
Secretary of State

DOCUMENT # 735161

1. Entity Name
GREATER TAMPA SWIMMING ASSOCIATION, INC.



Principal Place of Business

**UNIVERSITY OF TAMPA P.O. BOX 80F
401 W. KENNEDY BOULEVARD
TAMPA, FL 33606**

Mailing Address

**UNIVERSITY OF TAMPA P.O. BOX 80F
401 W. KENNEDY BOULEVARD
TAMPA, FL 33606**



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1031032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRENNAN, LOIS M
602 S NEWPORT AVE
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRENNAN, ED
STREET ADDRESS	602 S NEWPORT AVE.
CITY-ST-ZIP	TAMPA, FL
TITLE	SD
NAME	BRENNAN, LOIS
STREET ADDRESS	602 S NEWPORT AVENUE
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	KINER, JAMES
STREET ADDRESS	311-A S. WESTLAND AVE
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000817913
02/15/08-80022-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lois M. Brennan **LOIS M. BRENNAN**

2-4-08

813-259-1328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #