


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 738374 (8)		
1. Corporation Name NORTH BREVARD SWIM ASSOCIATION, INC.		



Principal Place of Business 2351 SNEAD COURT TITUSVILLE FL 32780	Mailing Address 2351 SNEAD COURT TITUSVILLE FL 32780
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/16/1977		3a. Date of Last Report 02/01/1996	
Sulte, Apt. #, etc. 22		Sulte, Apt. #, etc. 27		4. FEI Number 59-1724287		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent RAGUSA, JAMES M. 525 INDIAN RIVER AVE. #101 TITUSVILLE FL 32796				10. Name and Address of New Registered Agent			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNBURG, RICHARD	1.2 NAME	
STREET ADDRESS	2351 SNEAD CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAGUSA, JAMES	2.2 NAME	
STREET ADDRESS	525 INDIAN RIVER #101	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINGER, DAVID	3.2 NAME	
STREET ADDRESS	43 BROAD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIEDER, ROLF	4.2 NAME	
STREET ADDRESS	2720 WILMETTE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUETHER, CATHERINE	5.2 NAME	
STREET ADDRESS	670 LAKEWOOD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JAMES	6.2 NAME	
STREET ADDRESS	1000 WILSON BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32780	6.4 CITY-ST-ZIP	

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: *Richard Thornburg* 7/17/97 407-86723074

CP2E037 (4/97)