

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749414

FILED
Jan 09, 2009
Secretary of State

Entity Name: FLORIDA SWIMMING, INC.

Current Principal Place of Business:

214 E WASHINGTON ST, STE B
MINNEOLA, FL 34715

New Principal Place of Business:

Current Mailing Address:

214 E WASHINGTON ST, STE B
MINNEOLA, FL 34715

New Mailing Address:

FEI Number: 31-1012800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLY, HELEN
297 E. 50 HWY.
SUITE 3
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAUL, TERRANCE
Address: 205 BAXTER CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: ED () Delete
Name: KELLY, HELEN
Address: 297 E. 50 HWY SUITE 3
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: VARGO, WILLIAM
Address: 430 SW 43RD PLACE
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: MICHELSON, STUART
Address: 5680 S LAKE BURKETT LANE
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: WRIGHT, GAY
Address: 8422 INTERNATIONAL DR
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN J KELLY

ED

01/09/2009

Electronic Signature of Signing Officer or Director

Date