


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90056 031 \*\*\*\*61.25

<b>DOCUMENT # 763719</b>					
1. Entity Name <b>FLORIDA ASSOCIATION, LOCAL MASTERS SWIM COMMITTEE, INC.</b>					
Principal Place of Business <b>620 NW 27 WAY GAINESVILLE, FL 32607 US</b>			Mailing Address <b>620 NW 27 WAY GAINESVILLE, FL 32607 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>31-1131708</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WILSON, MEEGAN 620-NW-27TH WAY GAINESVILLE, FL 32607</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 <u>Megan Wilson</u> <span style="float: right;">2/14/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	CD	<input type="checkbox"/> Delete			
NAME	BLISS, TOM				
STREET ADDRESS	5605 S TROPICAL TRL				
CITY-ST-ZIP	MERRITT ISLAND, FL 32952				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	WILSON, MEEGAN				
STREET ADDRESS	620 N.W. 27TH WAY				
CITY-ST-ZIP	GAINESVILLE, FL 32607				
TITLE	D	<input type="checkbox"/> Delete			
NAME	TULLMAN, PATRICIA				
STREET ADDRESS	5432 TWINCREEKS DRIVE				
CITY-ST-ZIP	VALRICO, FL 33594				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	BUEHLER, VICTOR				
STREET ADDRESS	16535 NW 126 CT.				
CITY-ST-ZIP	REDDICK, FL 32686				
TITLE	D	<input type="checkbox"/> Delete			
NAME	HUTINGER, MARGIE				
STREET ADDRESS	1755 GEROGIA AV NE				
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703				
TITLE	D	<input type="checkbox"/> Delete			
NAME	MOUCHA, SUE				
STREET ADDRESS	109 EAST SADIE STREET				
CITY-ST-ZIP	BRANDON, FL 33510				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS	1755 GEROGIA Ave NE				
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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: Megan Wilson 2/14/06 352-373-0023  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #