## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #763719**

1. Entity Name



**FILED** Mar 10, 2008 8:00 am Secretary of State

FLORIDA ASSOCIATION, LOCAL MASTERS SWIM COMMITTEE, INC.				С	3-10-2008	90064 010	) ****61.	25
Principal Place of Business 620 NW 27 WAY GAINESVILLE, FL 32607 US	Mailing Address 620 NW 27 WAY GAINESVILLE, I			•.				
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	3						
Suite, Apt. #, etc.	Suite, Apt. #, e	uite, Apt. #, etc.		03032008	hg-NP	CR2E0:	37 (12/06)	
City & State City & State				4. FEI Number 31-11317			IA	pplied For
Zip Country	Zip	Zip Country		5. Certificate of S	• • • • • • • • • • • • • • • • • • • •		88.75 Ad Eee Require	
6. Name and Address of Curn	ent Registered Agent			7. Name and Ad	dress of New		•	
		Nan	1e			_ <b>v</b>	<u> </u>	
WILSON, MEEGAN 620 NW 27TH WAY GAINESVILLE, FL 32607		Stre	et Address (F	P.O. Box Number is	Not Acceptab	le)		
		City				FL	Zip Cod	de
The above named entity submits this statement the obligations of registered agent.	nt for the purpose of chan	ging its registered offic	ce or register	ed agent, or both, i	n the State of F		amiliar with	, and accept
SIGNATURE  Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered Agent s	signature required	when reinstating)		DATE	( h ) 259 i'	
i .		9. Election Campaign Financing Trust Fund Contribution.						
Filing Fee is \$61.25 Due by May 1, 2008			~ —	\$5.00 May Be Added to Fees		Make checi orida Depar		
· · · · · · · · · · · · · · · · · · ·	Trust				Flo	rida Depar	tment of S	state
Due by May 1, 2008   10. OFFICERS AND   TITLE   CD	Trust	Fund Contribution.		Added to Fees	Flo	rida Depar	tment of S	state
Due by May 1, 2008   10. OFFICERS AND	DIRECTORS	Fund Contribution.  11. te IITLE NAME		Added to Fees	Flo	rida Depar	tment of S	N 10
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Due by May 1, 2008   10. OFFICERS AND	DIRECTORS Dete	Fund Contribution.  11.  te TITLE  NAME  STREET ADDR  CITY-SI-ZIP		Added to Fees	Flo	rida Depar	tment of S	N 10
Due by May 1, 2008  10. OFFICERS AND  IITLE CD NAME BLISS, TOM STREET ADDRESS 5605 S TROPICAL TRL CITY-ST-ZIP MERRITT ISLAND, FL 32952  TITLE TD NAME WILSON, MEEGAN	DIRECTORS Dete	Fund Contribution.  11.  te TITLE NAME STREET ADDR CITY-ST-ZIP  TITLE NAME  NAME	ESS	Added to Fees	Flo	rida Depar	RECTORS II	N 10 Addition
Due by May 1, 2008	DIRECTORS Dete	Fund Contribution.  11.  te TITLE NAME STREET ADDR CITY-SI-ZIP  te TITLE	ESS	Added to Fees	Flo	rida Depar	RECTORS II	N 10 Addition
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12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutos. 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 Statutos; 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:

Melegan Wilson Meegan Wilson signature and type or printed name of signing officer or director