


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-10-2008 90064 010 \*\*\*\*61.25

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # 763719</b><br>1. Entity Name<br><b>FLORIDA ASSOCIATION, LOCAL MASTERS SWIM COMMITTEE, INC.</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>620 NW 27 WAY</b><br><b>GAINESVILLE, FL 32607 US</b>   |  |   |  | Mailing Address<br><b>620 NW 27 WAY</b><br><b>GAINESVILLE, FL 32607 US</b>   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  |  |
| City & State   |  | City & State  |  | 4. FEI Number<br><b>31-1131708</b>   |  |
| Zip  |  | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>WILSON, MEEGAN</b><br><b>620 NW 27TH WAY</b><br><b>GAINESVILLE, FL 32607</b>  |  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2008  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>   |  |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>CD</b><br><b>BLISS, TOM</b><br><b>5605 S TROPICAL TRL</b><br><b>MERRITT ISLAND, FL 32952</b>  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>TD</b><br><b>WILSON, MEEGAN</b><br><b>620 N.W. 27TH WAY</b><br><b>GAINESVILLE, FL 32607</b>   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>D</b><br><b>TULLMAN, PATRICIA</b><br><b>8846 MARIPOSA CT</b><br><b>NAPLES, FL 34113</b>       | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <b>D</b><br><b>MOORE, MEREDITH</b><br><b>8846 Mariposa Court</b><br><b>Naples, FL 34113</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>SD</b><br><b>BUEHLER, VICTOR</b><br><b>16535 NW 126 CT.</b><br><b>REDDICK, FL 32686</b>       | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>D</b><br><b>ZIEN, LIVIA</b><br><b>220 24TH AVE NORTH</b><br><b>SAINT PETERSBURG, FL 33704</b> | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <b>D</b><br><b>Wilson, Marly</b><br><b>620 NW 27th way</b><br><b>Gainesville, FL 32607</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>D</b><br><b>MOUCHA, SUE</b><br><b>109 EAST SADIE STREET</b><br><b>BRANDON, FL 33510</b>       | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |  |   |  |  |  |
| <b>SIGNATURE:</b> <i>Meegan Wilson</i> <b>Meegan Wilson</b>  |  |   | Date <b>3/2/08</b> Daytime Phone # <b>352-373-0023</b>       |  |  |