

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763719

FILED
Apr 13, 2010
Secretary of State

Entity Name: FLORIDA ASSOCIATION, LOCAL MASTERS SWIM COMMITTEE, INC.

Current Principal Place of Business:

620 NW 27 WAY
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

620 NW 27 WAY
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 31-1131708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, MEEGAN
620 NW 27TH WAY
GAINESVILLE, FL 32607 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: CD
Name: WILSON, MEEGAN
Address: 620 N.W. 27TH WAY
City-St-Zip: GAINESVILLE, FL 32607 US

Title: TD
Name: STINE, JAMES
Address: 1821 CYPRESS POINT RD
City-St-Zip: OCALA, FL 34472 US

Title: D
Name: MOORE, MEREDITH
Address: 8846 MARIPOSA COURT
City-St-Zip: NAPLES, FL 34113 US

Title: SD
Name: BUEHLER, VICTOR
Address: 16535 NW 126 CT.
City-St-Zip: REDDICK, FL 32686 US

Title: D
Name: MARLY, WILSON
Address: 620 NW 27 WAY
City-St-Zip: GAINESVILLE, FL 32607 US

Title: D
Name: MOUCHA, SUE
Address: 109 EAST SADIE STREET
City-St-Zip: BRANDON, FL 33510 US

I hereby 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 all other like empowered.

SIGNATURE: JAMES STINE

TD

04/13/2010

Electronic Signature of Signing Officer or Director

Date