2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# F07000001658

Entity Name: PHOENIX SWIM AND SPORTS FOUNDATION, INC.

Current Principal Place of Business:

151 KAHIKI DR
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

151 KAHIKI DR
TAVERNIER, FL 33070

New Mailing Address:

FEI Number: 74-2524291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL, GARY DR
151 KAHIKI DR
TAVERNIER, FL 33070 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: DS ( ) Delete
Name: FABRICANT, LORETTA
Address: 1100 SE 2ND ST, SUITE 2311
City-St-Zip: MIAMI, FL 33131

Title: P ( ) Delete
Name: HALL, GARY W MD
Address: 151 KAHIKI DR
City-St-Zip: TAVERNIER, FL 33070

Title: V ( ) Delete
Name: HALL, GARY W JR.
Address: 4335 MERIDIAN
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: BOS, ROBERT
Address: 156 SAN REMO
City-St-Zip: ISLAMORADA, FL 33036

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:

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: GARY W HALL, MD P 01/08/2009

Electronic Signature of Signing Officer or Director — Date