


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000003866

1. Entity Name
THE NINE MILE SWIMMERS SOCIETY, INC.



Principal Place of Business 621 86 STREET MIAMI BEACH, FL 33141	Mailing Address 621 86 STREET MIAMI BEACH, FL 33141
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04202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0446112	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROJAS-ANGLES, ERIE
 621 86TH ST
 MIAMI BEACH, FL 33141**

DO NOT WRITE IN THIS SPACE

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: *Erie Rojas-Angles* DATE: 04-20-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

04/23/04-80074-010 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROJAS-ANGLES, ERIE 621 86 STREET MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PORTER, CLYDE 621 86 STREET MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OSTER, VERNON 621 86 STREET MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANPERE, LILLIAN 621 86 STREET MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAM, ONELIO 621 86 STREET MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KING, TERRY 621 86 STREET MIAMI BEACH, FL 33141

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Erie Rojas-Angles* **ERIE ROJAS-ANGLES** DATE: 04-20-04 DAYTIME PHONE #: (305) 861-5520

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #