

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007759

FILED  
Aug 23, 2005  
Secretary of State

Entity Name: P.H.S. SWIM TEAM BOOSTERS, INC.

**Current Principal Place of Business:**

110 POINT WEST DRIVE  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

110 POINT WEST DRIVE  
PALATKA, FL 32177

**New Mailing Address:**

FEI Number: 30-0119522      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CASON, LINDA  
110 POINT WEST DRIVE  
PALATKA, FL 32177      US

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: D      ( ) Delete  
Name: CASON, LINDA  
Address: 110 POINT WEST DRIVE  
City-St-Zip: PALATKA, FL 32177

Title: D      ( ) Delete  
Name: CASON, MARK  
Address: 110 POINT WEST DRIVE  
City-St-Zip: PALATKA, FL 32177

Title: D      ( ) Delete  
Name: HADDOCK, CLAY  
Address: 110 BRANDI LANE  
City-St-Zip: PALATKA, FL 32177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SEC      (X) Change ( ) Addition  
Name: CASON, LINDA  
Address: 110 POINT WEST DRIVE  
City-St-Zip: PALATKA, FL 32177

Title: TREA      (X) Change ( ) Addition  
Name: HADDOCK, JOANIE  
Address: 110 BRANDI LANE  
City-St-Zip: PALATKA, FL 32177

Title: PRES      (X) Change ( ) Addition  
Name: HADDOCK, CLAY  
Address: 110 BRANDI LANE  
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA CASON

SEC

08/23/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date