2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001100

Entity Name: THE GIFT OF SWIMMING, INC.

FILED Mar 08, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	ERMERE RD ARDEN, FL 3	4787			
Current Mailing Address:			New Mailir	New Mailing Address:	
	ERMERE RD ARDEN, FL 3	4787			
FEI Number:	42-1576859	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
	JOY ERMERE RD ARDEN, FL 3	4787 US			
The above in the State		ubmits this statement for the pu	rpose of changing it	s registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	ic Signature of Registered Agen	t	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () MCGINTY, JOY 5616 MASTERS ORLANDO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EXD () BALDWIN, KATH 8035 GILLETTE ORLANDO, FL	COURT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D/VP () MCGINTY, MIKE 5616 MASTERS ORLANDO, FL	BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D/P () GORDON, GREG 414 N. MILLS AV ORLANDO, FL	/E	Title: Name: Address: City-St-Zip:	D/C (X) Change () Addition GORDON, GREGORY MD 414 N. MILLS AVE ORLANDO, FL 32803	
Title: Name: Address: City-St-Zip:	D/C () GARRIGA, JOSS 8030 GILLETTE ORLANDO, FL	СТ	Title: Name: Address: City-St-Zip:	D/P (X) Change () Addition GARRIGA, JOSSELINE 8030 GILLETTE CT ORLANDO, FL 32836	
Title: Name: Address: City-St-Zip:	D/S () MERCURIO, JOI 8202 ALBION ST PHILADELPHIA,	TREET	Title: Name: Address: City-St-Zip:	D/T (X) Change () Addition MERCURIO, JOHN 8202 ALBION STREET PHILADELPHIA, PA 19136	

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: JOY MCGINTY D 03/08/2009