

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001100

FILED  
Jan 16, 2010  
Secretary of State

**Entity Name:** THE GIFT OF SWIMMING, INC.

**Current Principal Place of Business:**

205 WINDERMERE RD  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

205 WINDERMERE RD  
WINTER GARDEN, FL 34787

**New Mailing Address:**

**FEI Number:** 42-1576859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCGINTY, JOY  
205 WINDERMERE RD  
WINTER GARDEN, FL 34787 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: D  
Name: MCGINTY, JOY  
Address: 5616 MASTERS BLVD.  
City-St-Zip: ORLANDO, FL 32819

Title: EXD  
Name: BALDWIN, KATHY  
Address: 8035 GILLETTE COURT  
City-St-Zip: ORLANDO, FL 32836

Title: D/VP  
Name: MCGINTY, MIKE  
Address: 5616 MASTERS BLVD  
City-St-Zip: ORLANDO, FL 32819

Title: D/C  
Name: GORDON, GREGORY MD  
Address: 414 N. MILLS AVE  
City-St-Zip: ORLANDO, FL 32803

Title: D/P  
Name: GARRIGA, JOSSELINE  
Address: 8030 GILLETTE CT  
City-St-Zip: ORLANDO, FL 32836

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: JOY MCGINTY

D

01/16/2010

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

\_\_\_\_\_  
Date