

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003676

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** HIGHLANDS HURRICANES SWIM TEAM, INC.

**Current Principal Place of Business:**

803 SOUTH EGRET STREET  
SEBRING, FL 33872

**New Principal Place of Business:**

803 SOUTH EGRET STREET  
SEBRING, FL 33870

**Current Mailing Address:**

803 SOUTH EGRET STREET  
SEBRING, FL 33872

**New Mailing Address:**

803 SOUTH EGRET STREET  
SEBRING, FL 33870

**FEI Number:** 51-0474078

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOLFE, MARVIN L  
803 SOUTH EGRET STREET  
SEBRING, FL 33872 US

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

WOLFE, MARVIN L  
803 SOUTH EGRET STREET  
SEBRING, FL 33870 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:

04/26/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: WOLFE, MARVIN L  
Address: 803 SOUTH EGRET STREET  
City-St-Zip: SEBRING, FL 33870

Title: O  
Name: WOLFE, ELIZABETH G  
Address: 803 SOUTH EGRET STREET  
City-St-Zip: SEBRING, FL 33870

Title: O  
Name: GLISSON, SHELLEY S  
Address: 3435 SR 66  
City-St-Zip: SEBRING, FL 33872

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: MARVIN L WOLFE

PRES

04/26/2010

Electronic Signature of Signing Officer or Director

Date