

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90196 040 ****61.25

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1. Entity Name

WEST VOLUSIA SWIM TEAM, INC.



Principal Place of Business

2518 KRINKLEWOOD DRIVE
DELAND FL 32724

Mailing Address

2518 KRINKLEWOOD DRIVE
DELAND FL 32724

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2915280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOFFMANN, FRED
2518 KRINKLEWOOD DRIVE
DELAND FL 32724

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Fred Hoffmann

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HOFFMANN, FRED
STREET ADDRESS 2518 KRINKLEWOOD DRIVE
CITY-ST-ZIP DELAND FL 32724

TITLE D ☐ Delete
NAME WILSON, MARK A
STREET ADDRESS 991 SYLVIA DRIVE
CITY-ST-ZIP DELTONA FL 32725

TITLE D ☐ Delete
NAME CORNEJO, DONNA L
STREET ADDRESS 849 HANOVER ROAD
CITY-ST-ZIP DELAND FL 32720

TITLE D ☒ Delete
NAME ROWAND, TIMOTHY
STREET ADDRESS 1340 BAKERSFIELD AVE
CITY-ST-ZIP DELTONA FL 32725

TITLE D ☐ Delete
NAME RAINIER, MICHELE
STREET ADDRESS 1116 HEARTWOOD DR
CITY-ST-ZIP DELAND FL 32720

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Mark A. Wilson

07 MAY 06 142 356 1202