

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000003486

1. Entity Name  
SWIM FOR LIFE, INC.



Principal Place of Business  
1911 N LIME ST  
PLANT CITY, FL 33563

Mailing Address  
P O BOX 311045  
TAMPA, FL 33680

FILED

05 APR 21 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04152005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3582215	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BATTEN, MARY K  
1911 N LIME ST  
PLANT CITY, FL 33563

**DO NOT WRITE  
IN THIS SPACE**

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 MARY K. BATTEN President Mary Batten 4-15-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BATTEN, MARY K 1911 N LIME ST PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVC DEIBERN, CAROLE Y 654 RIVIERE RD PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MAYNARD, BEVIN 5502 N NEBRASKA AVE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOORE, BETH 3020 W LAUREL STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HAYES, MALCOLM 503 W DRANE ST S PLANTCITY, FL 33563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

08/20/04 01018 001 \$12.25  
\$ 608.75 - \$70.00

overpayment from 2004 is used  
for 2005 AR fee. \$4/21/05  
**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: MARY K. BATTEN President Mary K Batten 4-15-05 8136599081  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #