


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N05000003486 1. Entity Name SWIM FOR LIFE FLORIDA INCORPORATED	
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Principal Place of Business 1911 N LIME ST PLANT CITY, FL 33563	Mailing Address P O BOX 311045 TAMPA, FL 33680
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-NP CR2E037 (11/05)

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

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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 <i>Mary K Batten</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	MARY K Batten <small>(NOTE: Registered Agent signature required when reinstating)</small>	1-25-2006 <small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

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000000434424
02/25/06-80001-011 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Mary K Batten</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	MARY K BATTEN DIRECTOR 1-25-06 8136599081 <small>Date Daytime Phone #</small>