

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008829

FILED
Mar 26, 2009
Secretary of State

Entity Name: FLORIDA SWIMMING POOL ASSOCIATION - NORTHWEST FLORIDA CHAPTER, INC.

Current Principal Place of Business:

2591 CENTERVILLE RD
SUITE 201
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

153 4TH AVE E
CRESTVIEW, FL 32539 US

Current Mailing Address:

2591 CENTERVILLE RD
SUITE 201
TALLAHASSEE, FL 32308 US

New Mailing Address:

153 4TH AVE E
CRESTVIEW, FL 32539 US

FEI Number: 20-3404274 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CRUMPLER, WALTER M
153 4TH AVE E
CRESTVIEW, FL 32539 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: PD () Delete
Name: SALVO, JOHN T
Address: 2591 CENTERVILLE RD, SUITE 201
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VPD () Delete
Name: WILLIAMS, FREDRIC
Address: 421 RACETRACK RD, NW
City-St-Zip: FT WALTON BEACH, FL 32547 US

Title: SD () Delete
Name: ESMOND, MIKE
Address: 8514 PENSACOLA BLVD
City-St-Zip: PENSACOLA, FL 32534 US

Title: TD () Delete
Name: THOMAS, MATT
Address: 8808 GROW DR
City-St-Zip: PENSACOLA, FL 32514 US

Title: DIR () Delete
Name: JENSON, THOMAS
Address: 8808 GROW DR
City-St-Zip: PENSACOLA, FL 32514

Title: DIR () Delete
Name: CARRUTH, KYLE
Address: 3040 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CRUMPLER, WALTER M
Address: 153 4TH AVE E
City-St-Zip: CRESTVIEW, FL 32539 US

Title: VPD (X) Change () Addition
Name: SALVO, JOHN T
Address: 2591 CENTERVILLE ROAD, SUITE 201
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WALTER M CRUMPLER

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date