

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008499

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: TEAM ORLANDO AQUATICS, INC.

## Current Principal Place of Business:

620 ENGLISH LAKE DRIVE  
WINTER GARDEN, FL 34787

## New Principal Place of Business:

5036 DR. PHILLIPS BLVD  
SUITE 342  
ORLANDO, FL 32819

## Current Mailing Address:

5036 DR. PHILLIPS BLVD  
SUITE 342  
ORLANDO, FL 32819

## New Mailing Address:

FEI Number: 20-5344920

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURGESS, CHARLES  
620 ENGLISH LAKE DRIVE  
WINTER GARDEN, FL 34787 US

## Name and Address of New Registered Agent:

VOSS, STEVE J  
5051 WINWOOD WAY  
ORLANDO, FL 32819 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: STEVE VOSS

04/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BURGESS, CHARLES W  
Address: 620 ENGLISH LAKE DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: DEHART, PAUL  
Address: 7237 MOSS LEAF LANE  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: VOSS, LYNDA R  
Address: 5051 WINWOOD WAY  
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Delete  
Name: BARRETT, ANGELA  
Address: 5130 GREENWAY DRIVE  
City-St-Zip: ORLANDO, FL 32819

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: VOSS, STEVE J  
Address: 5051 WINWOOD WAY  
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Change ( ) Addition  
Name: ARRITOLA, CAROLE  
Address: 5036 DR. PHILLIPS BLVD  
City-St-Zip: ORLANDO, FL 32819

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: LYNDA R. VOSS

MRS.

04/30/2009

Electronic Signature of Signing Officer or Director

Date