2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007
Secretary of State

DOCUMENT# N06000012590

Entity Name: SWIM ORLANDO INC

Current Principal Place of Business:

YMCA AQUATIC CENTER
8422 INTERNATIONAL DRIVE
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

PO BOX 691385
ORLANDO, FL 32869

New Mailing Address:

FEI Number: 42-1718092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NASH, CAROL
6931 LUCCA STREET
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

NASH, CAROL
9112 IVEY HILL CT
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: CAROL NASH 08/30/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: NASH, CAROL
Address: 6931 LUCCA STREET
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Delete
Name: NASH, MEL
Address: 6931 LUCCA STREET
City-St-Zip: ORLANDO, FL 32819

Title: SEC ( ) Delete
Name: CLAYCOMB, KAREN
Address: 4902 SOUTH QUAIL RUN AVE
City-St-Zip: SIOUX FALLS, SD 57108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: NASH, CAROL
Address: 9112 IVEY HILL CT.
City-St-Zip: ORLANDO, FL 32819

Title: VP (X) Change ( ) Addition
Name: NASH, MEL
Address: 9112 IVEY HILL CT.
City-St-Zip: ORLANDO, FL 32819

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: CAROL NASH PRES 08/30/2007
Electronic Signature of Signing Officer or Director Date