2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000000242



FILED Apr 28, 2008 8:00 am Secretary of State

SWIMMING POOL EDUCATION AND SAFETY FOUNDATION INC.					04-28-2008 90380 009 ****61.25					
	e of Business R LAKE DR., STE. 205 L 34240	Mailing Address 2555 PORTER LAKE DR., SARASOTA, FL 34240	, STE. 205		i de la company de la comp La company de la company de					
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
2555 PORTER LAKE DRIVE 2555 PORTER LAKE DRIVE				RIVE		PRILERIUS MAINT RECTI (MATIL BUILL AND IT	## ##### II##	1981 BI (88)	
		Suite, Apt. #, etc. /05	105			ng-NP	CR2E037 (1			
City & State SARASOTA, FL S		City & State く <i>ARASOTA</i>	ity & State ARASOTA, FL p Country			4. FEI Number Applied For Not Applied				
3 42	Country	Zip 3 4240	Country		5. Certificate of Sta		□ \$8 .	.75 Addi Required		
	o. Name and Address of Current R					7. Name and Address of New Registered Agent				
BENEDICT, C. ROBERT				MCDEVITI DANTEL F.						
2555 PORTER LAKE DR., STE. 205 SARASOTA, FL 34240				Street Address (P.O. Box Number is Not Acceptable) 2555 PORTER LAKE DRIVE						
<u>_</u>				SuiTE 106						
					PASOTA		<u> </u>		770	
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 DANIELF. MCDEVITI ACCOUNTING: MINICER 4/16/08 Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
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<u>-</u>	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing		55.00 May Be		ke check pa la Departme	-		
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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 of pustee 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 eddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08 407-804-8794

Date Daytone Phone #