


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90380 009 \*\*\*\*61.25

<b>DOCUMENT # N07000000242</b>	
1. Entity Name <b>SWIMMING POOL EDUCATION AND SAFETY FOUNDATION INC.</b>	

Principal Place of Business <b>2555 PORTER LAKE DR., STE. 205 SARASOTA, FL 34240</b>	Mailing Address <b>2555 PORTER LAKE DR., STE. 205 SARASOTA, FL 34240</b>
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2. Principal Place of Business - No P.O. Box # <b>2555 PORTER LAKE DRIVE</b>	3. Mailing Address <b>2555 PORTER LAKE DRIVE</b>
Suite, Apt. #, etc. <b>105</b>	Suite, Apt. #, etc. <b>105</b>
City & State <b>SARASOTA, FL</b>	City & State <b>SARASOTA, FL</b>
Zip <b>34240</b>	Zip <b>34240</b>
Country	Country



04162008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>61-1517847</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>BENEDICT, C. ROBERT 2555 PORTER LAKE DR., STE. 205 SARASOTA, FL 34240</b>	7. Name and Address of New Registered Agent Name <b>MCDDEVITT, DANIEL F.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2555 PORTER LAKE DRIVE</b> Suite <b>106</b> City <b>SARASOTA</b> FL Zip Code <b>34240</b>
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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 **Daniel F. McDevitt** **ACCOUNTING MANAGER** **4/16/08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONTANARO, DOMINICK 345 PARK AVE. SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MONTANARO, DOMINICK 345 PARK AVE SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOPER, ALAN 938 SWEETGUM VALLEY PL LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOPER, ALAN 938 SWEETGUM VALLEY PL LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDREWS, CLAY 2243 URBAN RD. JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDREWS, CLAY 2243 URBAN RD. JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LENOIS, ROY 762 S. NOVA RD. DAYTON BEACH, FL 32114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD EGGLEFIELD, SCOTT 508 E. COLONIAL LANE NOKOMIS, FL 34275 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADCOCK, EVA 4660 US 1 NORTH MELBOURNE, FL 32935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Alan Cooper** **ALAN COOPER** **4/16/08** **407-804-8794**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #