

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007915

FILED
Apr 28, 2008
Secretary of State

Entity Name: ST. CLOUD AQUATICS TEAM, INC.

Current Principal Place of Business:

101 3RD STREET
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

101 3RD STREET
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 71-1036734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTERS, ELIZABETH A
101 3RD STREET
ST. CLOUD, FL 34769 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: P () Delete
Name: SAUTE, KAYE
Address: 4911 HIDDEN HEIGHTS TRAIL
City-St-Zip: ST. CLOUD, FL 34771

Title: SEC () Delete
Name: WALKER, CAROLYN
Address: 4237 SETTLERS COURT
City-St-Zip: ST. CLOUD, FL 34772

Title: T () Delete
Name: PEREZ, LILIANA
Address: 4205 CINNAMON FERN COURT
City-St-Zip: ST CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KAYE B. SAUTE

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date