

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012034

FILED
Jan 21, 2009
Secretary of State

Entity Name: PRESERVE, PROTECT AND EXPAND COLLEGE SWIMMING, CORP.

Current Principal Place of Business:

5101 NW 21ST AVENUE
SUITE 200
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

5101 NW 21ST AVENUE
SUITE 200
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEONARD, JOHN A
5101 NW 21ST AVENUE
SUITE 200
FORT LAUDERDALE, FL 33309 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: DIR () Delete
Name: LEONARD, JOHN A
Address: 961 SW 5TH PLACE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: DIR () Delete
Name: WHITTEN, PHIL
Address: 10320 EAST VERBENA LANE
City-St-Zip: SCOTTSDALE, AZ 85255

Title: DIR () Delete
Name: KENNEDY, GEORGE
Address: 533 ANNESLIE RD.
City-St-Zip: BALTIMORE, MD 21212

Title: DIR () Delete
Name: ROSE, BILL
Address: PMB#175, 25108 MARGUERITE PARKWAY
City-St-Zip: MISSION VIEJO, CA 92692

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:

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: JOHN A LEONARD

DIR

01/21/2009

Electronic Signature of Signing Officer or Director

Date