2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N08000005284

Entity Name: NORTH FLORIDA SWIM TEAM INC.

Current Principal Place of Business:

3737 ST JOHNS BLUFF RD S. APT 1707
JACKSONVILLE, FL 32224

New Principal Place of Business:

4840 SEASCAPE WAY
APT. 202
JACKSONVILLE, FL 32224

Current Mailing Address:

PO BOX 19853
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 35-2338479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, LESTER D
3737 ST JOHNS BLUFF RD S. APT 1707
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

SMITH, LESTER D
4840 SEASCAPE WAY
APT. 202
JACKSONVILLE, FL 32224 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: LESTER D. SMITH 04/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LANGENFELDER, HANK
Address: 1200 STONEHEDGE TRAIL LN
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: T ( ) Delete
Name: GLASS, CHARLOTTE
Address: 1494 GREYFIELD DR.
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VP ( ) Delete
Name: SMITH, LESTER D
Address: 3737 ST JOHNS BLUFF RD S. APT 1707
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: NICHOLS, TRESCHA
Address: 3233 FRITZ RD.
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP (X) Change ( ) Addition
Name: SMITH, LESTER D
Address: 4840 SEASCAPE WAY APT 202
City-St-Zip: JACKSONVILLE, FL 32224

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: LESTER D. SMITH VP 04/29/2009
Electronic Signature of Signing Officer or Director Date