

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005284

FILED
Jan 21, 2011
Secretary of State

Entity Name: NORTH FLORIDA SWIM TEAM INC.

Current Principal Place of Business:

4840 SEASCAPE WAY
APT. 202
JACKSONVILLE, FL 32224

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

SMITH, LESTER D
4840 SEASCAPE WAY
APT. 202
JACKSONVILLE, FL 32224 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
Name: JOHNSON, MIKE
Address: 2357 STONEY GLEN DR
City-St-Zip: FLEMING ISLAND, FL 32003

Title: T
Name: NICHOLS, TRESCHA
Address: 3233 FRITZ RD.
City-St-Zip: JACKSONVILLE, FL 32224

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

Title: S
Name: DEVINE, KATHY
Address: 7842 MONTEREY BAY DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN DEVINE

S

01/21/2011

Electronic Signature of Signing Officer or Director

Date