

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 22, 2011
Secretary of State

DOCUMENT# N08000005284

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:**1 UNF DRIVE
JACKSONVILLE, FL 32224**Current Mailing Address:**PO BOX 19853
JACKSONVILLE, FL 32245**New Mailing Address:**PO BOX 551504
JACKSONVILLE, FL 32255**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:**WATSON, MARK
1321 DUNNS LAKE DRIVE
JACKSONVILLE, FL 32218 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: MARK J WATSON

11/22/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WATSON, MARK
Address: 1321 DUNNS LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: T
Name: SZYMCZAK, STEVEN
Address: 5359 SELTON AVE.
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP
Name: NASH, MEL
Address: 2925 DICKINSON ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: S
Name: EVA, WAGNER
Address: 10165 GOLF CLUB 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: MARK J WATSON

P

11/22/2011

Electronic Signature of Signing Officer or Director

Date