

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007163

FILED
Jan 05, 2009
Secretary of State

Entity Name: UNIVERSITY SWIM ASSOCIATION STINGRAYS, INC.

Current Principal Place of Business:

3996 CROSS CREEK RD.
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

3996 CROSS CREEK RD.
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 77-0723204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HELMS, GWENDOLYN E.
6114 REFLECTIONS CT.
JACKSONVILLE, FL 32277 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: HELMS, GWENDOLYN E.
Address: 6114 REFLECTIONS CT.
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP () Delete
Name: TSOUTSOS, NICHOLAS P.
Address: 3996 CROSS CREEK RD.
City-St-Zip: JACKSONVILLE, FL 32277

Title: S () Delete
Name: SNYDER, STEFFANIE M.
Address: 5147 FLORAL BLUFF RD.
City-St-Zip: JACKSONVILLE, FL 32211

Title: T () Delete
Name: TSOUTSOS, JANET S.
Address: 3996 CROSS CREEK RD.
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: TANNER, THOMAS
Address: 4529 CAPE ELIZABETH CT. E.
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: JONES, JASON
Address: 10116 LAKEVIEW RD. W.
City-St-Zip: JACKSONVILLE, FL 32225

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:

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: JANET S. TSOUTSOS

T

01/05/2009

Electronic Signature of Signing Officer or Director

Date