

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007727

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: AURORAS SYNCHRONIZED SWIM TEAM INC

**Current Principal Place of Business:**

2 ELI PLACE  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

2 ELI PLACE  
PALM COAST, FL 32164

**New Mailing Address:**

FEI Number: 26-3249122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MALCOLM, SANDY  
1 WHITTLESEY LANE  
PALM COAST, FL 32164 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: D ( ) Delete  
Name: GAGE, JAN  
Address: 640 OLD HWY 17  
City-St-Zip: CRESCENT CITY, FL 32112

Title: D ( ) Delete  
Name: RUPPRECHT, RUTH  
Address: 6 WEST 16TH RD  
City-St-Zip: HAMMOCK, FL 32133

Title: D ( ) Delete  
Name: BARR, MICHAEL  
Address: 145 MYRNA CT  
City-St-Zip: PALM COAST, FL 32164

Title: D ( ) Delete  
Name: MALCOLM, SANDY  
Address: 1 WHITTLESEY LANE  
City-St-Zip: PALM COAST, FL 32164

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: GAGE, JAN  
Address: 640 OLD HWY 17  
City-St-Zip: CRESCENT CITY, FL 32112

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

Title: P (X) Change ( ) Addition  
Name: BARR, MICHAEL  
Address: 145 MYRNA CT  
City-St-Zip: PALM COAST, FL 32164

Title: S (X) Change ( ) Addition  
Name: MALCOLM, SANDY  
Address: 1 WHITTLESEY LANE  
City-St-Zip: PALM COAST, FL 32164

Title: T ( ) Change (X) Addition  
Name: CATE, JANE  
Address: 2290 DAYTONA AVENUE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D ( ) Change (X) Addition  
Name: CARNEY, KIM  
Address: 604 SPRINGDALE DRIVE  
City-St-Zip: FLAGLER BEACH, FL 32136

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: SANDRA MALCOLM

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04/27/2009

Electronic Signature of Signing Officer or Director

Date