

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010002

FILED
Apr 21, 2009
Secretary of State

Entity Name: COLLEGIATE SWIMMING OFFICIALS ASSOCIATION, INC.

Current Principal Place of Business:

11 SERENA ALLEN WAY
MANSFIELD, MA 02048

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 291
MANSFIELD, MA 02048

New Mailing Address:

FEI Number: 26-3169677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOOPER, MATTHEW B
500 NE 14TH AVENUE
UNIT 2
FORT LAUDERDALE, FL 33301 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: PD () Delete
Name: BRUNELLI, JOHN
Address: 11 SERENA ALLEN WAY
City-St-Zip: MANSFIELD, MA 02048

Title: VD () Delete
Name: MULSOFF, JOHN
Address: A1 SERENA ALLEN WAY
City-St-Zip: MANSFIELD, MA 02048

Title: SD () Delete
Name: MARTIN, DWIGHT
Address: 11 SERENA ALLEN WAY
City-St-Zip: MANSFIELD, MA 02048

Title: TD () Delete
Name: DAY, BRIAN
Address: 11 SERENA ALLEN WAY
City-St-Zip: MANSFIELD, MA 02048

Title: D () Delete
Name: DAVIDSON, STEVE
Address: 11 SERENA ALLEN WAY
City-St-Zip: MANSFIELD, MA 02048

Title: D () Delete
Name: RYAN, SUSAN
Address: 11 SERENA ALLEN WAY
City-St-Zip: MANSFIELD, MA 02048

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: D (X) Change () Addition
Name: KEHLENBACK, RICK
Address: 11 SERENA ALLEN WAY
City-St-Zip: MANSFIELD, MA 02048

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: JOHN BRUNELLI

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date