03-18-2005 90057 006 ****61.00 N15958

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	MENT # N15958 ity swim league, inc.				FILED 05 MAR 25 PM 3: 21		
9908 VINEY/	ce of Business ARD LAKE LN LE, FL 32256 US	Mailing Address 9908 VINEYARD LAKI JACKSONVILLE, FL 33	3 VINEYARD LAKE LN		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal P	Place of Business	3. Mailing Address	iling Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP CR2E037	' (10/03)	
City & State		City & State	City & State		4. FEI Number Applied For 59-2857979 Not Applicable		
Zip	Country	Zip	Country		atus Dasired — [] — \$	8.75 Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered Ag		
9908 VINE	S, G. DANNY EYARD LAKE LANE IVILLE, FL. 32256	Name Street Addre	Name Street Address (P.O. Box Number is Not Acceptable)				
	•		City.,		FL	Zip Code	
	e named entity submits this statement for	or the purpose of changing i	ts registered office or regi	stered agent, or both, in		miliar with, and accept	
y i ke							
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NO	TE, Registered Agent signature req	guired when rainstating)	DATE -	•	
			ampaign Financing Contribution.				
10.	OFFICERS AND DI	RECTORS	11,		ES TO OFFICERS AND DIRE		
NAME STREET ADDRESS CITY-ST-ZIP	CPD TINSLEY, CINDY 5791 N. UNIVERSITY CLUB, #1 JACKSONVILLE, FL 32277	Delete .	STREET ADDRESS	1 Tide	Lane	Thange Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	VD COFER, CHARLES 1147 GREENRIDGE RD JACKSONVILLE, FL 32207	De Deicte	TITLE NAME STREET ADDRESS CITY-S1-ZIP		7	☐ Change ☐ Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	CPD SCOTT, DAVID 8844 BANDORA CIRCLE, S. JACKSONVILLE, FL 32244	(T) Ocicie	NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D EDWARDS, G. DANNY 9908 VINEYARD LAKE LN JACKSONVILLE, FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D GINDER, M J 8172 WEKIVA WAY JACKSONVILLE, FL 32256	Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		· :	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kathleen K 441 East W Ponte Ved	Jood naven Dr	Change Addition	
 	certify that the information supplied will	th this filing does not qualify I	or the exemption stated in	Section 119.07(3)(i), Flo	orida Statutes. I further certif	y that the information	
indicated of the co changed	d on this report or supplemental report in proportion or the receiver or trustee emption or on an attachment with an address.	is true and accurate and that sowered to exocute this repo with all other like empowere	rt as réquired by Chapter d.	the same legal effect as i 617, Florida Statutes; an	il made under dath; that i and did that my name appears in i	n an officer or director Block 10 or Block 11 if	
indicated of the co- changed	d on this report or supplemental report in reporation or the receiver or trustee empt, or on an attachment with an address.	is true and accurate and that sowered to exocute this repo with all other like empowere	rt as required by Chapter d. anne Edward	the same legal effect as in 617, Florida Statutes; an Statutes; and Stat	3/16/2005	1 an officer or director Block 10 or Block 11 if	