

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17076

FILED
Apr 23, 2009
Secretary of State

Entity Name: EVERY CHILD A SWIMMER, INC.

Current Principal Place of Business:

I HALL OF FAME DR
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

I HALL OF FAME DR
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 65-0156678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, JAMES R
2840 N OCEAN DR APT 406
FT LAUDERDALE, FL 33308 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: MARTIN, JAMES R
Address: 2840 N OCEAN DR APT 406
City-St-Zip: FT LAUDERDALE, FL

Title: VD () Delete
Name: ROLAND, KEN D
Address: 8153 S. GATE BLVD
City-St-Zip: N. LAUDERDALE, FL 23068

Title: SD () Delete
Name: CRUZ, MARIA C
Address: 1447 MILLER RD
City-St-Zip: CORAL GABLES, FL 33146

Title: VD () Delete
Name: SHAW, BARRY
Address: 2472 BIMINI LANE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: TD () Delete
Name: CRUZ-LEDON, EMILIO A
Address: 1447 MILLER RD
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: BOTTSFORD, ROBERT
Address: 6326 ROCK MOUNTAIN LAKE RD
City-St-Zip: MC CALLA, AL 35111

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: MARIA C. CRUZ

SD

04/23/2009

Electronic Signature of Signing Officer or Director

Date