

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90112 037 ****61.25

DOCUMENT # N28373

1. Corporation Name

NATIONAL SWIM SCHOOL ASSOCIATION, INC.

Principal Place of Business

776 21ST AVE. NORTH
ST. PETERSBURG FL 33704-3348

Mailing Address

776 21ST AVE. NORTH
ST. PETERSBURG FL 33704-3348



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/12/1988

4. FEI Number

59-2909888

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GRAVES, STEPHEN W
776 21ST AVE. NORTH
ST. PETERSBURG FL 33704-3348

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
CROWLEY, MARTHA S
STREET ADDRESS 13212 PROVIDENCE GROVE CT
CITY-ST-ZIP CHARLOTTE NC 28277

TITLE ☐ DELETE

NAME VD
BURGER, PEGGY
STREET ADDRESS 2790 S. TORREY PINES DR.
CITY-ST-ZIP LAS VEGAS NV 89102

TITLE ☐ DELETE

NAME D
KENNEDY, KRIS
STREET ADDRESS 320 W. MAINE ST
CITY-ST-ZIP BIRDSBORO PA 19508

TITLE ☐ DELETE

NAME D
FLAHINE, GINNY
STREET ADDRESS 1130 E. COLLINS AVE
CITY-ST-ZIP ORANGE CA 19508

TITLE ☐ DELETE

NAME D
KITLESON, KAREN
STREET ADDRESS 1001 DEMING WAY
CITY-ST-ZIP MADISON WI 53717

TITLE ☐ DELETE

NAME D
MILLER, LARRY
STREET ADDRESS 6415 S. MINGO RD
CITY-ST-ZIP TULSA OK 74133

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 13212 Providence Green Ct

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D Hubbard, Robert
PO Box 31183
Phoenix AZ 85046

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-99 (204) 814-9666

CR2E037-11/98