

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90213 024 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N33034

1. Corporation Name

NORTH FLORIDA CROWN NOVICE SWIMMING LEAGUE, INC.

Principal Place of Business

% NANCY BRONER
1354 PINWOOD ROAD
JACKSONVILLE FL 32250

Mailing Address

% NANCY BRONER
1354 PINWOOD ROAD
JACKSONVILLE FL 32250



2. Principal Place of Business

21 1700 Selva Marina Dr.

Suite, Apt. #, etc.

City & State

23 Atlantic Beach, FL

Zip

24 32233

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

28

Country

29

30

3. Date Incorporated or Qualified

06/28/1989

4. FEI Number

59-2935151

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

BRONER, NANCY S.
1354 PINWOOD ROAD
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent

81 Name Susan Carlin

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

1700 Selva Marina Drive

83

84 City Atlantic Beach

FL

85 Zip Code 32233

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 *Susan Carlin*

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

(NOTE: Registered Agent signature required when reinstating)

4-16-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
NAME HEATH, MICHAEL
STREET ADDRESS 40 QUAIL LN
CITY-ST-ZIP JACKSONVILLE BCH FL

TITLE DP DELETE
NAME BRONER, NANCY
STREET ADDRESS 1354 PINWOOD RD.
CITY-ST-ZIP JACKSONVILLE BCH FL

TITLE DT DELETE
NAME CARLIN, SUSAN
STREET ADDRESS 1918 HICKORY LANE
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE D DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
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 DP Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D Change Addition
4.2 NAME Suzie Gunn
4.3 STREET ADDRESS 1637 Ashmore Green Dr. E.
4.4 CITY-ST-ZIP Jacksonville, FL 32246

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

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: *Susan Carlin* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99

Date

904-246-9123

Daytime Phone #

CR2E037 (1/98)