## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N39728

FILED Sep 11, 2009 Secretary of State

Entity Name: WELLINGTON SWIM TEAM BOOSTER CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

7815 NORTH FORK DRIVE WEST PALM BEACH, FL 33411

Current Mailing Address: New Mailing Address:

7815 NORTH FORK DRIVE WEST PALM BEACH, FL 33411

FEI Number: 65-0331488 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WHALEN, RICHARD T 7815 NORTH FORK DRIVE WELLINGTON SWIM TEAM BOOSTERS WEST PALM BEACH, FL 33411 US

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: RICHARD WHALEN

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT ( ) Delete Title: DT (X) Change ( ) Addition Name: SMITH, LAURA R Name: MEALSON, LISA A Address: 614 AZURE AVENUE Address: DT (X) Change ( ) Addition Name: MEALSON, LISA A 129 SHERWOOD DRIVE

City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: () Delete Title: (X) Change ( ) Addition WHALEN, RICHARD T Name: WHALEN, RICHARD T Name: Address: 7815 NORTH FORK DRIVE Address: 7815 NORTH FORK DRIVE City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: WEST PALM BEACH, FL 33411

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: SMITH, KEVIN Name: ECHERRI, LUIS

 Address:
 15782 CYPRESS PARK LANE
 Address:
 13662 BARBERRY DRIVE

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:
 WELLINGTON, FL 33414

Title: ( ) Delete Title: DP ( ) Change (X) Addition

 Name:
 Name:
 ATTEBERRY, SEAN T

 Address:
 3 SABAL ISLAND

 City-St-Zip:
 City-St-Zip:
 OCEAN RIDGE, FL 33435

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: RICHARD WHALEN MR 09/11/2009