

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42379

FILED
Sep 18, 2009
Secretary of State

Entity Name: COLUMBIA COUNTY SWIM TEAM ASSOCIATION, INC.

Current Principal Place of Business:

528 WEST DUVAL STREET
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2495
LAKE CITY, FL 32055

New Mailing Address:

989 SW MOUNT CARMEL AVE
LAKE CITY, FL 32024

FEI Number: 59-3057077 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HARVEY, TODD P
183 SW DUSTY GROVE
LAKE CITY, FL 32024 US

Name and Address of New Registered Agent:

MANSMANN, KEELY
1025 NE BLACKBERRY CIRCLE
LAKE CITY, FL 32055 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: KEELY MANSMANN

09/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARVEY, TODD P
Address: 183 SW DUSTY GROVE
City-St-Zip: LAKE CITY, FL 32024

Title: VD () Delete
Name: HYDE, PAM
Address: 173 SW TEMPLE WAY
City-St-Zip: LAKE CITY, FL 32025

Title: SD () Delete
Name: MINSHEW, DON
Address: 183 SW DUSTY GROVE
City-St-Zip: LAKE CITY, FL 32024

Title: TD () Delete
Name: MANSMAAW, KEELY
Address: 1025 NW BLACKBERRY CIRCLE
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POPE, ALLEN
Address: 144 SE WILDERNESS DRIVE
City-St-Zip: LAKE CITY, FL 32025

Title: VD (X) Change () Addition
Name: FIELDS, MICHELE
Address: 4580 SE COUNTRY CLUB ROAD
City-St-Zip: LAKE CITY, FL 32025

Title: SD (X) Change () Addition
Name: GREENE, MICHELE
Address: 1543 SW CAROLINE COURT
City-St-Zip: LAKE CITY, FL 32025

Title: TD (X) Change () Addition
Name: MANSMANN, KEELY
Address: 1025 NW BLACKBERRY CIRCLE
City-St-Zip: LAKE CITY, FL 32055

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: KEELY MANSMANN

TD

09/18/2009

Electronic Signature of Signing Officer or Director

Date