

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43710

FILED
Apr 26, 2006
Secretary of State

Entity Name: THE UNITED STATES LIFESAVING ASSOCIATION SOUTHEAST REGION INC.

Current Principal Place of Business:

3939 NORTH OCEAN BOULEVARD
BOCA RATON, FL 33432

New Principal Place of Business:

501 SEABREEZE BLVD
FT. LAUDERDALE, FL 33316

Current Mailing Address:

P.O. BOX 324
BOCA RATON, FL 334290324

New Mailing Address:

P.O. 1259
FELLSMERE, FL 32948 US

FEI Number: 65-0321316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGLAMERY, PATRICK
8371 BERMUDA SOUND WAY
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

MCCRADY, JAMES
501 SEABREEZE BLVD
FT. LAUDERDALE, FL 33316 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: JAMES HAMILTON MCCRADY

04/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCGLAMERY, PATRICK
Address: 8371 BERMUDE SOUND WAY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: DV () Delete
Name: FALCONER, GERRY
Address: 1043 LINCOLN ST.
City-St-Zip: HOLLYWOOD, FL 33019

Title: SD () Delete
Name: MCCRADY, JAMES
Address: 501 SEABREEZE BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: DT () Delete
Name: MCMANUS, JOSEPH
Address: 1071 NW 74 WAY
City-St-Zip: PLANTATION, FL 33313 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MC CRADY, JAMES
Address: 501 SEABREEZE BLVD
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WAGENHALS, JO
Address: 501 SEABREEZE BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: DT (X) Change () Addition
Name: MCMANUS, JOSEPH
Address: 13450 77 STREET
City-St-Zip: FELLSMERE, FL 32948 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH MCMANUS

DT

04/26/2006

Electronic Signature of Signing Officer or Director

Date