

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43710

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

13450 77 STREET  
FELLSMERE, FL 32948

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1259  
FELLSMERE, FL 32948 US

**New Mailing Address:**

**FEI Number:** 65-0321316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCMANUS, JOSEPH M  
13450 77 STREET  
FELLSMERE, FL 32948 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MC MANUS, JOSEPH M  
Address: 13450 77 STREET  
City-St-Zip: FELLSMERE, FL 32948 US

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

Title: SD  
Name: WAGENHALS, JO  
Address: 501 SEABREEZE BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: DT  
Name: BILLINGS, JOHNATHAN  
Address: 501 SEABREEZE BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: DV  
Name: MCCRADY, JAMES  
Address: 501 SEABREEZE BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH MCMANUS

DP

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date