FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:20

DOCUMENT # N45749 (1)

1. Corporation Name
ST. AUGUSTINE SWIM TEAM, INC.

Principal Place of Business	Mailing Address
881 KINGS ESTATE RD ST. AUGUSTINE FL 32086 US	PO BOX 3592 ST. AUGUSTINE FL 32085 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1991
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-3083490 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JONES, SHERRY
881 KINGS ESTATE ROAD
ST. AUGUSTINE FL 32085

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	V ☒ Change ☐ Addition
NAME	MCGLAUGHLIN, PATRICIA	1.2 NAME	McClure, George
STREET ADDRESS	62 LEE DRIVE	1.3 STREET ADDRESS	2 Sea Oaks Drive
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	S	2.1 TITLE	D ☒ Change ☐ Addition
NAME	BROOKS, LADONNA	2.2 NAME	Brooks, LaDonna
STREET ADDRESS	5325 DON MANUEL RD	2.3 STREET ADDRESS	5325 Don Manuel Rd.
CITY-ST-ZIP	ELKTON FL	2.4 CITY-ST-ZIP	Elkton, FL 32033
TITLE	D	3.1 TITLE	S ☒ Change ☐ Addition
NAME	FLETCHER, BOBBY	3.2 NAME	Wiles, Doris
STREET ADDRESS	2717 S. COLLINS AVE.	3.3 STREET ADDRESS	601 Peggy Place
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	T	4.1 TITLE	T ☒ Change ☐ Addition
NAME	FLETCHER, TAMI	4.2 NAME	Jones, Sherry
STREET ADDRESS	2717 S COLLINS AVE	4.3 STREET ADDRESS	881 Kings Estate Road
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	DS	5.1 TITLE	D ☒ Change ☐ Addition
NAME	AVERY, PAT	5.2 NAME	Avery, Pat
STREET ADDRESS	38 CLIPPER PLACE	5.3 STREET ADDRESS	501 Captains Point
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	DP	6.1 TITLE	P ☒ Change ☐ Addition
NAME	GREER, DAVID	6.2 NAME	VanDoren, Guy
STREET ADDRESS	548 W. TROPIC WAY	6.3 STREET ADDRESS	82 Water Street
CITY-ST-ZIP	ST. AUGUSTINE FL	6.4 CITY-ST-ZIP	St. Augustine, FL 32084

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sherry C. Jones TREASURER 4/25/95 904/797-4844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sherry C. Jones

0023705