

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N45749

(1)

1. Corporation Name

ST. AUGUSTINE SWIM TEAM, INC.



Principal Place of Business

881 KINGS ESTATE RD
ST. AUGUSTINE FL 32086
US

Mailing Address

PO BOX 3592
ST. AUGUSTINE FL 32085
US

3. Date Incorporated or Qualified
10/25/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 3592

26

4. FEI Number
59-3083490

Applied For
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State

City & State

23 St. Augustine FL

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip

Country

Zip

Country

24 32085

25

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Smith, Karen M.

82 Street Address (P.O. Box Number is Not Acceptable)

6361 Pine Circle South

83 St. Augustine FL

84 City

FL

85 Zip Code 32095

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Karen M. Smith, Treas

Karen M. Smith

6-1-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|-----------------|---------------------|------------------|-------------------------------------|
| V | MCCLURE, GEORGE | 2 SEA OAK DR | ST. AUGUSTINE FL | <input checked="" type="checkbox"/> |
| D | BROOKS, LADONNA | 5325 DON MANUEL RD | ELKTON FL | <input checked="" type="checkbox"/> |
| S | WILES, DORIS | 601 PEGGY PL | ST. AUGUSTINE FL | <input type="checkbox"/> |
| T | JONES, SHERRY | 881 KINGS ESTATE RD | ST. AUGUSTINE FL | <input checked="" type="checkbox"/> |
| D | AVERY, PAT | 501 CAPTAINS POINT | ST. AUGUSTINE FL | <input type="checkbox"/> |
| P | VANDOREN, GUY | 82 WATER ST | ST. AUGUSTINE FL | <input checked="" type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY-ST-ZIP | Change | Addition |
|-------------|----------------|-----------------------------|-------------------------|--------------------------|-------------------------------------|
| V-President | Ann Marie Fink | 409 Camelia Trail | St. Augustine, FL 32086 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| membership | Pena Collins | 407 17th Street North Beach | St. Augustine, FL 32096 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Treasurer | Smith, Karen | 6361 Pine Circle So | St. Augustine, FL 32095 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| President | Jim Hawley | 21 Myrtle Ave | St. Augustine, FL 32084 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Karen M. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

Date

904-823-0535

Daytime Phone #

CR2E037 (12/95)