FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jun 26 1997 8:00am

ANNUAL REPORT 1997		DIV	Secretary of SION OF CORE		Secre	Secretary of State		
	MENT # N45	749	(1)					
	GUSTINE SWIM TEAM,	INC.						
Principal Place	e of Business	Mailing Addre	ss			SIO IDII GERIL GIGIF BIRIL GIDII BE))(0)0) (100)	
PO BOX 3592 PO BOX 3592 8T. AUGUSTINE FL 32065 ST. AUGUSTINE FL 32065-3 US US			FL 32085-3592					
					 Date Incorporated or Qualifit 10/25/1991 	ed 3a. Date of Last R 07/25/199	eport 6	
2. Principal Pi	ace of Business	2a. Mailing Ac	dress		4. FEI Number 59-3083490		oplied For ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.		5. Certificate of Status Desired	□ \$8.75 /	Additional	
City & State	a	27 City & Stat				Fee Re	equired	
23	•	28	O		 Election Campaign Financin Trust Fund Contribution 	g \$5.00 Added		
Zip 24	Country 25	Zip 29	30	Country	This corporation has liability Florida Statutes	for intangible tax under s Yes No	. 199.032,	
	9, Name and Address of C				10. Name and Address of New			
	AREN M E CIRCLE SOUTH USTINE FL 32095			83	Douglas B. Cons Address (P.O. Box Number is Not Acce 56 Village Drive	ptable)	Code	
44 5		3 0500 4 043 4500 C	Ed- Ossisas at	84 City	- Augustine	FL 320	095	
office or re	to the provisions of Sections of egistered agent, or both, in the	State of Florida, Such ch	orida Statutes, tr ange was autho Or 0500 Florida		corporation submits this statement for to coration's board of directors. I hereby a	ne purpose or changing it accept the appointment as	s registered registered	
SIGNATURE	1 1/2	u B. Lo	whom		·			
12.	Signature, typed or printed rame of reaction	ared agent and title if applicable.		stered Agent signature	required when reinstating) ADDITIONS/CHANGES TO O	DATE FEICERS AND DIRECTOR	S IN 12	
TITLE	VP OIL I			1.1 TITLE	DP P	Change	Addition	
NAME	FINK, ANN M		i ·	1.2 NAME				
STREET ADDRESS	409 CAMELIA TRAIL		<u> </u>	1.3 STREET ADDRESS				
CITY-ST-ZIP	ST. AUGUSTINE FL 3208			1.4 CITY - ST - ZIP		K Change	Addition	
TITLE NAME	M COLLINS, RENA	Ц		2.1 TITLE 2.2 NAME	7 A	Change		
STREET ADDRESS	407 17TH ST. NORTH BE	EACH		2.3 STREET ADDRESS				
CITY-ST-ZIP	ST. AUGUSTINE FL 3209			2. 4 CITY+ST-ZIP				
TITLE	\$	X		3.1 TITLE	S	★ Change	Addition	
NAME	WILES, DORIS		1	3.2 NAME	GREENOVEH, PATRICIA G ANASTASIA PARK	Sasa		
STREET ADDRESS	601 PEGGY PL			3.3 STREET ADDRESS	G ANASTASIA MEK	DEIVE /		
CITY-ST-ZIP	ST. AUGUSTINE FL			3.4. CITY-ST-ZIP	ST Augustine, FL	32084 Change	Addition	
TITLE NAME	smith, Karen	100	D	1.1 TITLE 4. 2 NAME	conton, porcesus		E J Addition [
STREET ADDRESS	6361 PINE CIRCLE SO.			4.3 STREET ADDRESS	SEG VILLAGE BRIVE			
CITY-ST-ZIP	ST. AUGUSTINE FL 3209	15		4.4 CITY-ST-ZIP	ST. AugustiNE, FL	32095		
TITLE	D			5.1 TITLE		☐ Change	Addition	
NAME	AVERY, PAT		} :	5 2 NAME				
STREET ADDRESS	501 CAPTAINS POINT			5.3 STREET ADDRESS				
CITY-ST-ZIP	ST. AUGUSTINE FL			5.4 CITY - ST - ZIP			1 1400	
TITLE	DP III	×		5.1 TITLE		☐ Change	Addition	
NAME CERTE	HAWLEY, JIM 21 MYRTLE AVE.			5.2 NAME			l	
STREET ADDRESS	ST.AUGUSTINE FL 32084	1		6.3 STREET ADDRESS				

14. I do hereby certify that the information supplied with this filing 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 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.