

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 22, 1999 8:00 am
Secretary of State

06-22-1999 90008 008 ****70.00

DOCUMENT # N 45749 ✓

1. Corporation Name

ST. AUGUSTINE SWIM TEAM, INC.

Principal Place of Business

Mailing Address

PO Box 3592
St Augustine, FL 32085

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 399 S. RIVERIA ST

26

03-15-93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3083490

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

23 ST AUGUSTINE, FL

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 32084

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

DOUGLAS B CONLON
356 Village Drive
St. Augustine, FL 32095

FRANCES S. Willis

374 JASMINE ROAD

ST. AUGUSTINE

FL

32086

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

FRANCES S. Willis

FRANCES S. Willis, Treasurer

06-15-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D President

STREET ADDRESS KAREN M. Smith

CITY-ST-ZIP

TITLE ☐ DELETE

NAME D Vice President

STREET ADDRESS Kathleen M. Conlon

CITY-ST-ZIP 356 Village Drive

TITLE ☒ DELETE

NAME Treasurer

STREET ADDRESS DOUGLAS B. Conlon

CITY-ST-ZIP 356 Village Drive

TITLE ☒ DELETE

NAME S-Linda Brumack

STREET ADDRESS 501 13th St. N. Beach

CITY-ST-ZIP St Augustine, FL 32095

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME FRANCES S. Willis

3.3 STREET ADDRESS 374 JASMINE ROAD

3.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32086

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME D Secretary

4.3 STREET ADDRESS DOUGLAS B. Conlon

4.4 CITY-ST-ZIP 356 Village Drive

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Karen M. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN M. Smith
President

06-14-99

Date

904-829-2153

Daytime Phone #

CR2E037 (11/98)