

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # **N93000003187 (2)**

1. Corporation Name

**UNITED STATES WHEELCHAIR SWIMMING, INC.**



Principal Place of Business

Mailing Address

**4075 TURKEY POINT DR.  
MELBOURNE FL 32934**

**4075 TURKEY POINT DR.  
MELBOURNE FL 32934-8585**

3. Date Incorporated or Qualified  
**07/12/1993**

3a. Date of Last Report  
**04/19/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number  
**39-1690795**

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**

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

**SMITH, JUDITH  
4075 TURKEY POINT DR.  
MELBOURNE FL 32934**

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 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

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

T ☐ DELETE  
NAME **HARLEY, MARIANNE**  
STREET ADDRESS **13210 ADONIS DRIVE**  
CITY-ST-ZIP **AUSTIN TX**

G ☐ DELETE  
NAME **EVANS, GROVER**  
STREET ADDRESS **1715 NATIONAL RD.**  
CITY-ST-ZIP **JONESBORO AR**

S ☐ DELETE  
NAME **CARTWRIGHT, LIZ**  
STREET ADDRESS **%4075 TURKEY POINT DR.**  
CITY-ST-ZIP **MELBOURNE FL 32934**

D ☐ DELETE  
NAME **ANDRIJASEVICH, DOUG**  
STREET ADDRESS **3474 EARL DR.**  
CITY-ST-ZIP **SANTA CLARA CA 95051**

D ☐ DELETE  
NAME **CRAFFEY, EILEEN**  
STREET ADDRESS **229 MILLER ST.**  
CITY-ST-ZIP **MIDDLEBORO MA 02346**

D ☐ DELETE  
NAME **QUINTILIANI, LARRY**  
STREET ADDRESS **229 MILLER ST.**  
CITY-ST-ZIP **MIDDLEBORO MA 02346**

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  
3.3 STREET ADDRESS **5730 CHAMBERTIN DR.**  
3.4 CITY-ST-ZIP **SAN JOSE, CA 95118**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 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.

CR2E037 (9/96)