

FILE NOW: FILING FEE IS \$61.25

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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003187 (2)**

1. Corporation Name

UNITED STATES WHEELCHAIR SWIMMING, INC.



Principal Place of Business 4075 TURKEY POINT DR. MELBOURNE FL 32934		Mailing Address 4075 TURKEY POINT DR. MELBOURNE FL 32934		3. Date Incorporated or Qualified 07/12/1993	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 39-1690795	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country		29 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SMITH, JUDITH 4075 TURKEY POINT DR. MELBOURNE FL 32934		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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	T/D
NAME	HARLEY, MARIANNE	1.2 NAME	
STREET ADDRESS	13210 ADONIS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D
NAME	EVANS, GROVER	2.2 NAME	JUDITH L. SMITH
STREET ADDRESS	1715 NATIONAL RD.	2.3 STREET ADDRESS	4075 TURKEY POINT DR
CITY-ST-ZIP	JONESBORO AR	2.4 CITY-ST-ZIP	MELBOURNE, FL 32934-8585
TITLE	S	3.1 TITLE	C/D
NAME	GARTWRIGHT, LIZ	3.2 NAME	DeFrancesco, LIZ
STREET ADDRESS	5730 CHAMBERTIN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA	3.4 CITY-ST-ZIP	95118
TITLE	D	4.1 TITLE	V/D
NAME	ANDRIJASEVICH, DOUG	4.2 NAME	
STREET ADDRESS	3474 EARL DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA CLARA CA 95051	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	CRAFFEY, EILEEN	5.2 NAME	
STREET ADDRESS	229 MILLER ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBORO MA 02346	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	QUINTILIANI, LARRY	6.2 NAME	
STREET ADDRESS	229 MILLER ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBORO MA 02346	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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Apr. 1998 407)254-9507

CR2E037 (10/97)