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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N93000003187

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/12/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

39-1690795

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SMITH, JUDITH L.
STREET ADDRESS 4075 TURKEY POINT DRIVE
CITY-ST-ZIP MELBOURNE FL 32934

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE CD ☐ DELETE
NAME DEFRANCESCO, LIZ
STREET ADDRESS 5730 CHAMBERTIN DR
CITY-ST-ZIP SAN JOSE CA 95118

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME ANDRIJASEVICH, DOUG
STREET ADDRESS 3474 EARL DR.
CITY-ST-ZIP SANTA CLARA CA 95051

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME KARPUR, JOAN
4.3 STREET ADDRESS 222 WILLIAMS ST. #225
4.4 CITY-ST-ZIP GLASTONBURY, CT. 06033

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME CARPENTER, MARY
6.3 STREET ADDRESS 4075 TURKEY POINT DR.
6.4 CITY-ST-ZIP MELBOURNE, FL 32934

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:

SIGNATURE REQUIRED

4/29/99

(407)254-9507

CR2E037 (11/98)

"D"

SULLIVAN, KEVIN

3596 CANTURY Rd.

WESTLAKE, OH 44145-5405

N93000003187

444664-9026-27

"D"

PAULSON, AARON

3330 NE 138th PL

PORTLAND, OR 97230