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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001743 (3)

1. Corporation Name

MARIANNA SWIM TEAM, INC.



Principal Place of Business

**4300 LAFAYETTE ST
MARIANNA FL 32447**

Mailing Address

**P O BOX 5854
MARIANNA FL 32447**

3. Date Incorporated or Qualified
04/08/1994

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDREU, MARY L
4300 LAFAYETTE ST
MARIANNA FL 32447**

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 in the following block

(NOTE: Registered Agent Signature required when new stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SIMS, SARAH P**
STREET ADDRESS **1222 HWY 71**
CITY - ST - ZIP **MARIANNA FL 32446**

TITLE **D** ☒ DELETE
NAME **SPATARO, SHARON**
STREET ADDRESS **2669 CHOCTAW TRL**
CITY - ST - ZIP **MARIANNA FL 32446**

TITLE **D** ☒ DELETE
NAME **BAKER, LYNN**
STREET ADDRESS **4431 LAFAYETTE ST.**
CITY - ST - ZIP **MARIANNA FL**

TITLE **D** ☐ DELETE
NAME **ANDREU, MARY L**
STREET ADDRESS **4300 LAFAYETTE ST**
CITY - ST - ZIP **MARIANNA FL 32446**

TITLE **D** ☐ DELETE
NAME **GALLOWAY, WILLIAM**
STREET ADDRESS **5139 LAKE BLUFF**
CITY - ST - ZIP **MARIANNA FL 32446**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE **D** ☒ Change ☒ Addition
2.2 NAME **Milton, Albert**
2.3 STREET ADDRESS **4356 Lafayette St.**
2.4 CITY - ST - ZIP **Marianna, Florida 32446**

3.1 TITLE **O** ☐ Change ☒ Addition
3.2 NAME **Morris, Lisa**
3.3 STREET ADDRESS **4451 Kelson Ave.**
3.4 CITY - ST - ZIP **Marianna, FL 32446**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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
William W. Galloway

3/21/96 (904) 526-4910

Date

Daytime Phone #

CR2E037 (12/95)