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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000001743 (3)

1. Corporation Name

MARIANNA SWIM TEAM, INC.



Principal Place of Business

Mailing Address

4300 LAFAYETTE ST
MARIANNA FL 32447

P O BOX 5854
MARIANNA FL 32447-5854

3. Date Incorporated or Qualified
04/08/1994

3a. Date of Last Report
04/02/1996

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

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

1.1 TITLE D Sharon Bennett
1.2 NAME Sharon Bennett
1.3 STREET ADDRESS 4981 Button Ln.
1.4 CITY-ST-ZIP Marianna Fla 32448

TITLE D
NAME MILTON, ALBERT
STREET ADDRESS 4356 LAFAYETTE STREET
CITY-ST-ZIP MARIANNA FL

2.1 TITLE D Cindy Smith
2.2 NAME Cindy Smith
2.3 STREET ADDRESS 4432 Lafayette St
2.4 CITY-ST-ZIP Marianna, Fla 32446

TITLE D
NAME MORRIS, LISA
STREET ADDRESS 4451 KELSON AVENUE
CITY-ST-ZIP MARIANNA FL

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

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

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

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

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

TITLE
NAME Michelle Williams
STREET ADDRESS 3448 Live Oak Ln
CITY-ST-ZIP Marianna Fla 32446

6.1 TITLE
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)