

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000003375 (2)

1. Corporation Name

FLORIDA AQUATIC SWIM TEAM, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 12605  
GAINESVILLE FL 32604

POST OFFICE BOX 12605  
GAINESVILLE FL 32604

3. Date Incorporated or Qualified  
07/05/1994

3a. Date of Last Report  
05/01/1995

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

WAGNER, DAVID W  
912 NW 45TH TERRACE  
GAINESVILLE FL 32611

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
MCGRUFF, PERRY C JR  
2900 NW 24TH WAY  
GAINESVILLE FL 32605

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
GYLLSTROM, THOMAS  
8602 SW 5TH PL  
GAINESVILLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
CARTER, TINA  
3609 NW 136TH STREET  
GAINESVILLE FL 32607

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
MARTIN, DAN  
5207 NW 65TH LN  
GAINESVILLE FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
BRECHUE, WILLIAM  
2006 NW 35TH STREET  
GAINESVILLE FL 32605

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

400001875284  
-06/25/96--01106--020  
\*\*\*70.00

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

D, S  
GILLIAM, ERVA  
2600 S.W. WILLISTON, RD Apt. 1805  
GAINESVILLE, FL 32608

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

D.  
Martin, Susan  
5207 NW 65th LN  
Gainesville, FL 32605

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

D, P  
BASTAK, CHUCK  
P.O. BOX 306 16351 N.E. 51st  
WILLISTON, FL 32696

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

D, V  
LATHROPE, BEVERLY  
1925 N.W. 27th TERR  
GAINESVILLE, FL 32605

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

4/29/96 (352) 486-5111

Date

Daytime Phone #

CR2E037 (12/95)