


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 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 # **N94000003375 (2)**

1. Corporation Name

FLORIDA AQUATIC SWIM TEAM, INC.



Principal Place of Business POST OFFICE BOX 12605 GAINESVILLE FL 32604	Mailing Address POST OFFICE BOX 12605 GAINESVILLE FL 32604
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3. Date Incorporated or Qualified
07/05/1994

4. FEI Number
59-3289622

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GYLLSTROM, THOMAS H
3300 S.W. ARCHER RD
C/O FLAD & ASSOCIATES, INC.
GAINESVILLE FL 32608**

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

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	DP <input type="checkbox"/> DELETE
NAME	FEDLER, TONY
STREET ADDRESS	9707 S.W. 55TH ROAD
CITY - ST - ZIP	GAINESVILLE FL 32608
TITLE	DT <input type="checkbox"/> DELETE
NAME	GYLLSTROM, THOMAS
STREET ADDRESS	8602 SW 5TH PL
CITY - ST - ZIP	GAINESVILLE FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	HALFACRE, SUSAN
STREET ADDRESS	5022 N.W. 76TH LANE
CITY - ST - ZIP	GAINESVILLE FL 32653
TITLE	D <input type="checkbox"/> DELETE
NAME	COONS, TIMOTHY
STREET ADDRESS	8331 S.W. 57TH PLACE
CITY - ST - ZIP	GAINESVILLE FL 32608
TITLE	DV <input type="checkbox"/> DELETE
NAME	POLLOCK, MICHAEL
STREET ADDRESS	2220 N.W. 28TH STREET
CITY - ST - ZIP	GAINESVILLE FL 32605
TITLE	D <input type="checkbox"/> DELETE
NAME	HAHN, MARY
STREET ADDRESS	1121 SW 76TH TERRACE
CITY - ST - ZIP	GAINESVILLE FL 32607

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	32607
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:  **THOMAS H. GYLLSTROM 03/19/98 352-377-6884**

CR2E037 (10/97)