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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N94000003375

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3289622	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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
85	Zip Code

FL

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	DP	1.1 TITLE	DT
NAME	FEDLER, TONY	1.2 NAME	KATHLEEN HAWKINS
STREET ADDRESS	9707 S.W. 55TH ROAD	1.3 STREET ADDRESS	RR 2 BOX 178
CITY-ST-ZIP	GAINESVILLE FL 32608	1.4 CITY-ST-ZIP	MICAWOPY FL. 32667
TITLE	DT	2.1 TITLE	DP
NAME	GYLLSTROM, THOMAS	2.2 NAME	
STREET ADDRESS	8602 SW 5TH PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	HALFACRE, SUSAN	3.2 NAME	
STREET ADDRESS	5022 N.W. 76TH LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32653	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	COONS, TIMOTHY	4.2 NAME	
STREET ADDRESS	8331 S.W. 57TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	D
NAME	POLLOCK, MICHAEL	5.2 NAME	SCOTT MARION
STREET ADDRESS	2220 N.W. 28TH STREET	5.3 STREET ADDRESS	2907 SW 1ST AVE
CITY-ST-ZIP	GAINESVILLE FL 32605	5.4 CITY-ST-ZIP	GAINESVILLE, FL. 32607
TITLE	D	6.1 TITLE	DV
NAME	HAHN, MARY	6.2 NAME	
STREET ADDRESS	1121 SW 76TH TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS H. GYLLSTROM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/5/99
Date

352-377-6884
Daytime Phone #

CR2E037 (11/98)