


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 16, 2005 8:00 am**  
**Secretary of State**

08-16-2005 90038 044 \*\*\*\*70.00

<b>DOCUMENT # N95000005763</b>	
1. Entity Name <b>SWIM FOR LIFE FOR BROWARD COUNTY, INC.</b>	

Principal Place of Business <b>3006 E. COMMERCIAL BLVD. FORT LAUDERDALE FL 33308</b>	Mailing Address <b>4933 NUTNEY AVE. SARASOTA FL 34231</b>
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2. Principal Place of Business <b>877 47<sup>th</sup> Street</b>	3. Mailing Address <b>877 47<sup>th</sup> Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Sarasota, Florida</b>	City & State <b>Sarasota, Florida</b>
Zip <b>34234</b>	Zip <b>34234</b>
Country <b>Sarasota</b>	Country <b>Sarasota</b>

6. Name and Address of Current Registered Agent <b>MATHENEY, J R 3006 E. COMMERCIAL BLVD. FORT LAUDERDALE FL 33308</b>	
7. Name and Address of New Registered Agent Name <b>Matheney, J.R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>877 47<sup>th</sup> Street</b> City <b>Sarasota</b> FL Zip Code <b>34234</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <b>James Robert Matheney</b> <small>Signature, typed or printed name of registered agent and title, if applicable</small>	DATE <b>07/29/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW: FEE IS \$61.25 Due By September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. PD OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MATHENEY, J R 3006 E. COMMERCIAL BLVD. FORT LAUDERDALE FL 33308 S</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Matheney, J.R. 877 47<sup>th</sup> St. Sarasota, FL 34234</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOOTHROYD, RICHARD C 4933 NUTMEG AVE SARASOTA FL 34231 TD</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHELEKIS, RICHARD L 243 NE 10TH STREET DELRAY BEACH FL 33444 VPD</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>YOUNG, WILLIAM J 3039 LONGWOOD DRIVE RIVERBEND SHELBY NC 28150 D</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LANGTRY, LOIS L 425A RIVER ROAD EAST MORRISTOWN NY 13664 D</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MATHENEY, VICTORIA L 1418 N.E. 57TH STREET FORT LAUDERDALE FL 33334</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Matheney, Victoria L. 35 Harrington Way, #2 Worcester, MA 01640</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: <b>James Robert Matheney, President</b>	DATE: <b>07/29/05</b>	PHONE: <b>941-586-4259</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>DATE</small>	<small>Daytime Phone #</small>