2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 08, 2006 08:00 AN DOCUMENT # N95000005763 1. Entity Name **Secretary of State** SWIM FOR LIFE FOR BROWARD COUNTY, INC. Principal Place of Business Mailing Address 877 47TH STREET 877 47TH STREET SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) 4. FEI Number City & State City & State Applied For 65-0630343 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MATHENEY, J R Street Address (P.O., Box Number is Not Acceptable) 877 47TH STREET SARASOTA FL 34234 City Zip Code 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 Signature, typind or printed name of registered agent and title if applicable (NOTE: Registered Agent rightable required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Arklin THE ☐ Delete TITLE U00000425157 Change MATHENEY, JR NAME NAME 02/18/06-80083-007 70.00 877 47TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP SD 🔲 Aditii. TITLE ☐ Delete TITLE ☐ Change BOOTHROYD, RICHARD C NAME MANAG 4933 NUTMEG AVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY - ST- ZIP TITLE IIILE. Chance A. ... CHELEKIS, RICHARD L NAME NAPAF STREET ADDRESS STREET ADDRESS 243 NE 10TH STREET CITY - ST- 78P DELRAY BEACH FL 33444 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Adding NAME YOUNG, WILLIAM J NAME STREET ADDRESS 3039 LONGWOOD DRIVE RIVERBEND STREET ADDRESS SHELBY NC 28150 CITY-ST-ZIP CiTY-ST-7IP ☐ Delete TITLE ☐ Change □ Addit TITLE LANGTRY, LOIS L NAME NAME 425A RIVER ROAD EAST STREFT ADDRESS STREET ADDRESS MORRISTOWN NY 13664 CITY-ST-ZIP CITY-ST-ZIP סו TITLE ☐ Delete TITLE Change □ Add: MATHENEY, VICTORIA L NAME 75 HARRINGTON WAY, # 2 STREET ADDRESS STREET ADDRESS WOCHESTER MA CITY-ST-ZIP CITY-ST-ZIP

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 direction 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 10 if changed, or on an attachment with an address, with all other like empowered.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information