

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000005763

1. Entity Name

SWIM FOR LIFE FOR BROWARD COUNTY, INC.



Principal Place of Business

P. O. BOX 21381
SARASOTA FL 34276

Mailing Address

P. O. BOX 21381
SARASOTA FL 34276

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0630343

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATHENEY, J R
877 47TH STREET
SARASOTA FL 34234

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MATHENEY, J R	
STREET ADDRESS	877 47TH STREET	
CITY-STATE-ZIP	SARASOTA FL 34234	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOOTHROYD, RICHARD C	
STREET ADDRESS	4933 NUTMEG AVE	
CITY-STATE-ZIP	SARASOTA FL 34231	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHELEKIS, RICHARD L	
STREET ADDRESS	243 NE 10TH STREET	
CITY-STATE-ZIP	DELRAY BEACH FL 33444	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	YOUNG, WILLIAM J	
STREET ADDRESS	3039 LONGWOOD DRIVE RIVERBEND	
CITY-STATE-ZIP	SHELBY NC 28150	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGTRY, LOIS L	
STREET ADDRESS	425A RIVER ROAD EAST	
CITY-STATE-ZIP	MORRISTOWN NY 13664	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATHENEY, VICTORIA L	
STREET ADDRESS	75 HARRINGTON WAY, # 2	
CITY-STATE-ZIP	WOCHESATER MA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000624337
02/14/07-80028-014 70.00

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 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.

SIGNATURE:

James Robert Mathenev, President 02/01/07