

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90008 017 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N96000005496

1. Corporation Name

**JACKSONVILLE AQUARIANS SYNCHRONIZED SWIMMING, IN
C.**

Principal Place of Business

115 NAUGATUCK DR
JACKSONVILLE FL 32225
US

Mailing Address

115 NAUGATUCK DR
JACKSONVILLE FL 32225
US



* 6 616016-90008-17

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3441761	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

STALLARD, DEBORAH S.
115 NAVGATUCK DR
JACKSONVILLE FL 32225

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

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	DT	1.1 TITLE	DT
NAME	WILLS, C. NELSON	1.2 NAME	Lynn Busch
STREET ADDRESS	3305 QUEEN ANN CT	1.3 STREET ADDRESS	13815 Admirals Bend Dr.
CITY-ST-ZIP	JACKSONVILLE FL 32257	1.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	PD	2.1 TITLE	PDT
NAME	MCDERMOTT, JUDITH	2.2 NAME	Deborah S. Stallard
STREET ADDRESS	1,817 N SHERRY DR	2.3 STREET ADDRESS	115 Naugatuck Dr.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	DV	3.1 TITLE	
NAME	COPPER, KITTY	3.2 NAME	
STREET ADDRESS	11,831 TOTREE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	DV
NAME		4.2 NAME	Sue Kreichelt
STREET ADDRESS		4.3 STREET ADDRESS	13045 Palmetto Glade Dr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jacksonville, FL 32246
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Deborah S. Stallard* **SIGNATURE REQUIRED** *Deborah S. Stallard* 7/27/99 (904)220-4862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)