

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003343

FILED
Apr 19, 2006
Secretary of State

Entity Name: COMPETITIVE AQUATIC SUPPORT FOUNDATION, INC.

Current Principal Place of Business:

674 MOSSY BRANCH CT.
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 916286
LONGWOOD, FL 32791

New Mailing Address:

FEI Number: 59-3515362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARNELL, JOHN C PRES
674 MOSSY BRANCH CT.
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARNELL, JOHN CLAY
Address: 674 MOSSY BRANCH CT.
City-St-Zip: LONGWOOD, FL 32779 US

Title: T () Delete
Name: PARNELL, KRISTEN B TREAS
Address: 638 SAILFISH RD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: BRADLEY, PAUL D
Address: 244 CHURCHHILL DR
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: PAULEY, EUGENE W
Address: 2511 BROADVIEW CT
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: MOON, TIM
Address: 107 SWEETWATER HILLS DR
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PARNELL, KRISTEN B TREAS
Address: 674 MOSSY BRANCH CT
City-St-Zip: LONGWOOD, FL 32779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CLAY PARNELL

PRES

04/19/2006

Electronic Signature of Signing Officer or Director

Date