

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003343

FILED  
Apr 16, 2008  
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: 674 MOSSY BRANCH CT  
City-St-Zip: LONGWOOD, FL 32779

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

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 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

04/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date