


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000001686 1. Entity Name TEAM ORLANDO MASTERS SWIMMING, INC.	
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Principal Place of Business 7300 SANDLAKE COMMONS BLVD.,STE.105 ORLANDO, FL 32819	Mailing Address 7300 SANDLAKE COMMONS BLVD.,STE.105 ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 30-7481776	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**TUKDARIAN & UNCAPHER, P.A.
537 NORTH MAGNOLIA AVE.
ORLANDO, FL 32802-0949**

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MEISENINEIMER, LUCKY 7300 SANDLAKE COMMONS BLVD 105 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COMBS, SANDRA 827 W PRINCETON STREET ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COMBS, DONALD 827 W. PRINCETON ST. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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01/09/04-80031-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #