
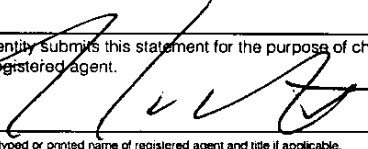
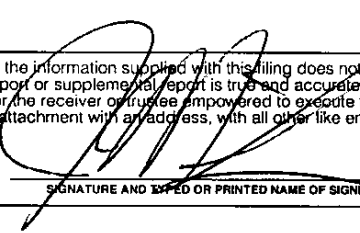


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90221 005 \*\*\*\*61.25

<b>DOCUMENT # N99000001686</b> 1. Entity Name <b>TEAM ORLANDO MASTERS SWIMMING, INC.</b>					
Principal Place of Business <b>7300 SANDLAKE COMMONS BLVD.,STE.105 ORLANDO, FL 32819</b>			Mailing Address <b>7300 SANDLAKE COMMONS BLVD.,STE.105 ORLANDO, FL 32819</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>30-7481776</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>TUKDARIAN &amp; UNCAPHER, P.A. 537 NORTH MAGNOLIA AVE. ORLANDO, FL 32802-0949</b>				7. Name and Address of New Registered Agent Name <b>DeCubellis, Meeks &amp; Uncapher, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>837 N. Garland Ave.</b> City <b>Orlando</b>	
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.				Zip Code <b>FL 32801</b>	
SIGNATURE 				DATE <b>April 25, 2005</b>	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MEISENINEIMER, LUCKY</b> <b>7300 SANDLAKE COMMONS BLVD 105</b> <b>ORLANDO, FL 32819</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>COMBS, SANDRA</b> <b>827 W PRINCETON STREET</b> <b>ORLANDO, FL 32804</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>COMBS, DONALD</b> <b>827 W. PRINCETON ST.</b> <b>ORLANDO, FL 32804</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Meisenheimer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 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: 				Date <b>4-9-05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Lucky Meisenheimer</b>				Daytime Phone # <b>407 352 2444</b>	

**50052146**



04252005 Chg-NP CR2E037 (10/03)