

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000001686

1. Entity Name
TEAM ORLANDO MASTERS SWIMMING, INC.



Principal Place of Business
**7300 SANDLAKE COMMONS BLVD., STE. 105
ORLANDO, FL 32819**

Mailing Address
**7300 SANDLAKE COMMONS BLVD., STE. 105
ORLANDO, FL 32819**



02222006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEL Number
30-7481776

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DECUBELLIS, MEEKS, & UNCAPHER, P.A.
837 N GARLAND AVE
ORLANDO, FL 32801**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000465925
03/22/06-00055-003 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MEISENHEIMER, 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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

2/22/06 407-352-2444
Date Daytime Phone