FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:29

DOCUMENT # **737118** **(0)**

1. Corporation Name

GREATER JACKSONVILLE GYMNASTICS BOOSTER CLUB, INC.

Principal Place of Business	Mailing Address
730 ST. JOHNS BLUFF RD. N. JACKSONVILLE FL 32225-6770	730 ST. JOHNS BLUFF RD. N. JACKSONVILLE FL 32225-6770

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1693979 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — County — 30

9. Name and Address of Current Registered Agent

RAMSDELL, HERBERT E
9774 NIMITE CT S
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name: RALPH OSBORNE
82 Street Address (P.O. Box Number is Not Acceptable): 12210 TWO SPRINGMOOR CT.
83
84 City: JACKSONVILLE FL 85 Zip Code: 32225

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ralph E Osborne — 5/24/95
Signature, typed or printed name of registered agent and title if agent is a corporation (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	V T ☒ Change ☐ Addition
NAME	BRINCK, CARLA	12 NAME	ROBIN VOSS
STREET ADDRESS	7213 SNILNDLER DR	13 STREET ADDRESS	STRITTON Rd.
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Callahan, Florida 32011
TITLE	T	21 TITLE	T T ☒ Change ☐ Addition
NAME	RAMSDELL, JANE	22 NAME	KELLY PULSIFER
STREET ADDRESS	9774 NIMITZ CT. S.	23 STREET ADDRESS	3674 BUCKSKIN TRAIL
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	Jacksonville, Florida 32211
TITLE	P	31 TITLE	P T ☒ Change ☐ Addition
NAME	RAMSDELL, HERBERT	32 NAME	RALPH OSBORNE
STREET ADDRESS	9774 NIMITE CT S	33 STREET ADDRESS	12210 TWO SPRINGMOOR Ct.
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	Jacksonville, Florida 32225
TITLE	C	41 TITLE	☐ Change ☐ Addition
NAME	WALTHER, KATHY	42 NAME	
STREET ADDRESS	10960 N WEYMOUTH CIR	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	SCHOEPPEL, HOLLY	52 NAME	BETSY SCANLIN
STREET ADDRESS	11735 MARTHAS VINYARD DR	53 STREET ADDRESS	13541 Turnberry Dr.
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	Jacksonville, Florida 32225
TITLE	S	61 TITLE	C ☒ Change ☐ Addition
NAME	BOWEN, DONNA	62 NAME	OLGA LINDO
STREET ADDRESS	59 CORAL STR	63 STREET ADDRESS	2514 TEMPO LANE
CITY ST ZIP	ATLANTIC BCH FL	64 CITY ST ZIP	JACKSONVILLE, Florida 32216

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ralph E Osborne — RALPH OSBORNE, PRES. — 3/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF IDENTIFYING OFFICER OR DIRECTOR — Date

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