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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 737118 (0)

1. Corporation Name
GREATER JACKSONVILLE GYMNASTICS BOOSTER CLUB, IN C.

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

3. Date Incorporated or Qualified: 10/22/1976

4. FEI Number: 59-1693979 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OSBORNE, RALPH
12210 TWO SPRINGMOOR CT
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name: PULSIFER, Kelly
82 Street Address (P.O. Box Number Is Not Acceptable): 3674 BUCKSKIN TRAIL WEST
83
84 City: Jacksonville FL 85 Zip Code: 32277

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Kelly Pulsifer — 6 Jan 98 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VOSS, ROBIN		1.2 NAME		
STREET ADDRESS	STRATTON RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CALLAHAN FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	P/D	☒ Change ☒ Addition
NAME	PULSIFER, KELLY		2.2 NAME		
STREET ADDRESS	3674 BUCKSKIN TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	T/D	☐ Change ☒ Addition
NAME	OSBORNE, RALPH		3.2 NAME	WILLIAMS, MISTY	
STREET ADDRESS	12210 TWO SPRINGMOOR CT		3.3 STREET ADDRESS	1103 2ND AVE N	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE	C	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WALTHER, KATHY		4.2 NAME		
STREET ADDRESS	10960 N WEYMOUTH CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE	D/S	☒ Change ☐ Addition
NAME	GRAY, DARLENE		5.2 NAME		
STREET ADDRESS	1875 MAUVA JUAN AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	OLGA, LINDO		6.2 NAME		
STREET ADDRESS	2514 TEMPO LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Kelly Pulsifer — 6 January 98 — (904) 744-4866