2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004
Secretary of State

DOCUMENT# 737118

Entity Name: GREATER JACKSONVILLE GYMNASTICS BOOSTER CLUB, INC.

Current Principal Place of Business:

730 ST. JOHNS BLUFF RD. N.
JACKSONVILLE, FL 322256770

New Principal Place of Business:

Current Mailing Address:

730 ST. JOHNS BLUFF RD. N.
JACKSONVILLE, FL 322256770

New Mailing Address:

FEI Number: 59-1693979 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIZZO-COXSON, SUSAN M
2548 BEAUTYBERRY CIR W
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

CLINGAN, CAEYANNE TREASUR
14019 BEACH BLVD.
1047
JACKSONVILLE, FL 32250 US

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.

SIGNATURE: CASEYANNE CLINGAN 09/08/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: RIZZO-COXSON, SUSAN M
Address: 2548 BEAUTYBERRY CIR W
City-St-Zip: JACKSONVILLE, FL 32246

Title: S ( ) Delete
Name: BUNNEWITH, DENISE
Address: 1696 PONDEROSA PINE DR W
City-St-Zip: JACKSONVILLE, FL 32225

Title: P ( ) Delete
Name: RICKEY, KIM
Address: 13016 QUINCY BAY DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP ( ) Delete
Name: SCOTT, GWEN
Address: 12237 FOOTPATH LANE
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: CLINGAN, CASEYANNE T
Address: 14019 BEACH BLVD. #1047
City-St-Zip: JACKSONVILLE, FL 32250

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: KOVACS, TRACEY
Address: 12435 APPLE LEAF DR.
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CASEYANNE CLINGAN T 09/08/2004
Electronic Signature of Signing Officer or Director Date