2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
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: 22-3945388 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNCAN, VICKI M PRES
4853 WHITE BLUFF DRIVE
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: DUNCAN, VICKI M
Address: 4853 WHITE BLUFF DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: TREA ( ) Delete
Name: OUELLETTE, JESSICA
Address: 3517 RAIN FOREST DRIVE W.
City-St-Zip: JACKSONVILLE, FL 32277

Title: SECR ( ) Delete
Name: MCDONALD, JULIE
Address: 8633 SAINT PATRICK LANE
City-St-Zip: JACKSONVILLE, FL 32216

Title: VICE ( ) Delete
Name: TUCKER, HEATHER
Address: 6523 ECTOR PLACE
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JESSICA OUELLETTE TREA 03/17/2009

Electronic Signature of Signing Officer or Director — Date