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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755765** (5)
1. Corporation Name
THE PENSACOLA GYMNASTICS BOOSTERS, INCORPORATED



Principal Place of Business C/O JOHNSON, VICKI 8344 BELL RIDGE DR PENSACOLA FL 32526 US	Mailing Address C/O JOHNSON, VICKI 8344 BELL RIDGE DR PENSACOLA FL 32526-7820 US
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3. Date Incorporated or Qualified 12/31/1980	3a. Date of Last Report 02/14/1996
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2. Principal Place of Business 21 40 NANCY TIMBERLAKE	2a. Mailing Address 26 40 NANCY TIMBERLAKE
Suite, Apt. #, etc. 22 4210 ROMMITCH LN	Suite, Apt. #, etc. 27 4210 ROMMITCH LN
City & State 23 PENSACOLA FL	City & State 28 PENSACOLA FL
Zip 24 32504	Country 25 USA

4. FEI Number 59-2385739	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHNSON, VICKI 8344 BELL RIDGE DR PENSACOLA FL 32526	
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10. Name and Address of New Registered Agent	
81 Name NANCY TIMBERLAKE	
82 Street Address (P.O. Box Number is Not Acceptable) 4210 ROMMITCH LN	
83	
84 City PENSACOLA	85 Zip Code FL 32504

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 Nancy S. Timberlake **NANCY S. TIMBERLAKE** DATE **4-28-97**
Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME JOHNSON, VICKI	
STREET ADDRESS 8344 BELL RIDGE DR	
CITY-ST-ZIP PENSACOLA FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME ELIGIO, ANGIE	
STREET ADDRESS 2330 TEATE AVE	
CITY-ST-ZIP PENSACOLA FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME LOCKLIN, SHEREE	
STREET ADDRESS 5703 SANDSTONE DR	
CITY-ST-ZIP PACE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME BETTS, THAISA	
1.3 STREET ADDRESS 3911 ELMCREST DR	
1.4 CITY-ST-ZIP PENSACOLA FL 32504	
2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME COX, PAULA	
2.3 STREET ADDRESS CORSA TERRACE	
2.4 CITY-ST-ZIP PENSACOLA, FL 32514	
3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME TIMBERLAKE, NANCY	
3.3 STREET ADDRESS 4210 ROMMITCH LN	
3.4 CITY-ST-ZIP PENSACOLA, FL 32504	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: Nancy S. Timberlake **NANCY S. TIMBERLAKE** DATE **4-28-97** **469-0603**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Daytime Phone # 0073289

CR2E037 (9/96)