

FILE NOW: FILING FEE IS \$61.25

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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 NANCY TIMBERLAKE 4210 ROMMITCH LN PENSACOLA FL 32504 US	Mailing Address C/O NANCY TIMBERLAKE 4210 ROMMITCH LN PENSACOLA FL 32504 US
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3. Date Incorporated or Qualified 12/31/1980	4. FEI Number 59-2385739	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 C/O Tristy Corey Suite, Apt. #, etc. 22 6725 Chicago Ave City & State 23 Pensacola, FL Zip 24 32526 Country 25 USA	2a. Mailing Address 26 C/O Tristy Corey Suite, Apt. #, etc. 27 6725 Chicago Ave City & State 28 Pensacola, FL Zip 29 32526 Country 30 USA
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TIMBERLAKE, NANCY
4210 ROMMITCH LN
PENSACOLA FL 32504**

81 Name Yvette McLeellan Tristy Corey
82 Street Address (P.O. Box Number is Not Acceptable) 3307 Durney Dr.
83 6725 Chicago Ave
84 Pensacola FL 85 Zip Code 32526

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 **Tristy Corey** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME BETTS, TJAOSA	
STREET ADDRESS 3911 ELMCREST DR	
CITY-ST-ZIP PENSACOLA FL	
TITLE SB Vice President	<input type="checkbox"/> DELETE
NAME COX, PAULA	
STREET ADDRESS OPRSA TERRACE 1120 Corsa Terrace	
CITY-ST-ZIP PENSACOLA FL 32514	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME TIMBERLAKE, NANCY	
STREET ADDRESS 4210 ROMMITCH LN	
CITY-ST-ZIP PENSACOLA 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. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Yvette McLeellan	
1.3 STREET ADDRESS 3307 Durney Dr.	
1.4 CITY-ST-ZIP Pensacola, FL 32533	
2.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME ELISE DRINKARD	
2.3 STREET ADDRESS 3896 ARBUTUS DR.	
2.4 CITY-ST-ZIP Pensacola, FL 32504	
3.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Tristy Corey	
3.3 STREET ADDRESS 6725 Chicago Avenue	
3.4 CITY-ST-ZIP Pensacola, FL 32526	
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 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 **Yvette McLeellan** **6/29/98** **950/425-1026**

CR2E037 (10/97)