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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| 1998 Secretary of State DIVISION OF CORPORATIONS | | | | | | | Secretary of State | | | | | | | |
|--|---|--|---|--|---|--|--------------------|----------------|--|-------------------------|-----------------|-------------------------------|--|--|
| DO 1. Co | CUMENT poration Name | # N1 | 2725 | (O) | | | | | | | ٦ | | | |
| 0 | NTERNATIONA | AL GYMNAST | ICS ASSOCI | IATION, INC. | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | | | DIA DIBA DI | DIY DIRYA DIBAH I | 11814 018 14 1881 | |
| C/O RITA BROWN 740 ORANGE AVE. C/O RITA BROWN 740 ORANGE AVE. | | | | | | | | 3. Da | ate Incorporated o | r Qualified | | | | |
| | ONTE SPRINGS FL | 33068 | | TAMONTE SPRINGS FL | 33068 | | | 4 55 | 12/23/1985 Number | | | | | |
| | | | | | | | | 4. 10 | 59-262 1202 | | | | pplied For lot Applicable | |
| | cipal Place of Bus | iness | _ | Mailing Address | | | | 5 . Ce | ertificate of Status | Desired | × | | Additional | |
| 21 Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | ß Fi | ection Campaign I | Financing | | 55.00 | tequired | |
| 22 | 27 | | | | | | | | ust Fund Contribu | - | | | Nay be lo Fees | |
| 23 Crty | City & State City & State | | | | | | | 7. is | 7. Is this nonprofit corporation a homeowners association? Yes No | | | | | |
| Zip | | Country | | Zip | _ | intry | | 8. Th | ls corporation owe | | | _ | tangible | |
| 24 | 9. Name | 25 e and Address of | 29 29 1 Current Regist | tered Agent | 30 | | | | rsonal Property Ta | | | | No | |
| | | | | | | 81 N | ame | 10, 110 | IIIO BIN NOOIDES | 0.1104 110 | 91910100 | | · ** | |
| BROWN, RITA 740 ORANGE AVE. | | | | | | 82 Street Addres | | | Box Number is N | ot Acceptab | ole) | | ··········· | |
| | | | | | | | | | | | | | | |
| ALTAMONTE SPRINGS FL 32714 | | | | | | | | | | | | | | |
| | | | | | | | ity | | | | FL | 85 Zip | Code | |
| 11. Pu | rsuant to the provisice or registered as | sions of Sections | 617.0502 and 61 | 7.1508, Florida Statuti la. Such change was a | es, the al | oove-na | med corp | poration su | bmits this statem | ent for the p | urpose of | changing l | its registered | |
| | | All and the second | | | | | | | | | | | | |
| 1 | (| nin and acceptu | ne obligations of, | , Section 617,0503, Flo | orida Stat | utes. | 3 001p0141 | 110110 000 | of directors. I he | BIBDY ACCEL | ot the app | ointment as - 96 | registerea | |
| signa' | TURE | orminted name of the | sour | | | | | red when reins | | areby accer <u>څ</u> | OT THE APP | - 98 | s registered | |
| SIGNA | TURE Signature, type | of or printed name of | sour | f applicable. (NOTI | | | | red when reins | | ق | DATE | -98 | | |
| SIGNATE | Signature, type | OFFICE | istered agent and title if | f applicable. (NOTI | E: Registered | l Agent si | | red when reins | stating) | ق | DATE | -98 | | |
| SIGNATE SIGNATE | Signature, type PD BROWN | OFFICE | istered agent and title if | f applicable. (NOTI | 13. 1.1 TIT | 1 Agent sig LE LME | gnature requir | red when reins | stating) | ق | DATE | DIRECTOR | RS IN 12 | |
| SIGNATION SIGNAT | Signature, type PD BROWN DORESS 740 OR | OFFICE I, RITA ANGE AVE. | Istered agent and little it | f applicable. (NOTI | 13. 1.1 Til 1.2 NA 1.3 ST | I Agent si LE LME REET ADD | gnature requir | red when reins | stating) | ق | DATE | DIRECTOR | RS IN 12 | |
| SIGNATE SIGNATE | PD BROWN DORESS 740 OR ALTAMO | OFFICE | Istered agent and little it | f applicable. (NOTI | 13. 1.1 Til 1.2 NA 1.3 ST | I Agent si ILE IME REET ADD | gnature requir | red when reins | stating) | ق | DATE | DIRECTOR | RS IN 12 | |
| SIGNA 12. TITLE NAME STREET AL CITY-ST- | PD BROWN 740 OR ALTAMO | OFFICE I, RITA ANGE AVE. | Istered agent and little it | f applicable (NOTI | 13. 1.1 Till 1.2 NA 1.3 ST 1.4 Cil | I Agant si LE LME REET ADD IY-ST-ZIF LE | gnature requir | red when reins | stating) | ق | DATE | DIRECTOR | RS IN 12 | |
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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 of 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 charged, or or a ratifactories with an address.

FILED

Mar 16 1998 8:00am