2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N12725

Entity Name

INTERNATIONAL GYMNASTICS ASSOCIATION, INC.



Principal Place of Business

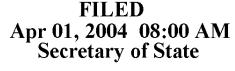
C/O RITA BROWN 740 ORANGE AVE.

ALTAMONTE SPRINGS, FL 33068

Mailing Address

C/O RITA BROWN 740 ORANGE AVE.

ALTAMONTE SPRINGS, FL 33068





03272004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-2621202

Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN, RITA 740 ORANGE AVE. ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purions of registered agent.	pose of changing its registered	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_		· · · · · · · · · · · · · · · · · · ·		<u>-:</u>	
	Signature, typed or printed name of registered agent and title if a	ppticable (NOTE Registered	Agent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Finance Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	U00000100860 04/01/04-80025-015 70.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, RITA 740 ORANGE AVE. ALTAMONTE SPRINGS, FL 32714		ı		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVD WADE, SCOTT 650 NOTRE DANE DR. ALTAMONTE SPRINGS, FL 32714				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEVENS, MELVIN 299 TORPOINT GATE RD. LONGWOOD, FL 32779			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	e discontinue (state) construit e transference	CALL STREET			
12 Libereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I jurther certify that the information					

12. Thereby certify that the information supplied with this filling does not qualify to the exemplion stated in Section 119.07(3)(f), Florida Statutes. This life of information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF POINTED NAME OF SIGNING OFFICER OR DIRECTOR

parel 27 2004

407-8698784