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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000006332 (0)

1. Corporation Name

TAMPA GYMNASTICS AND DANCE, INCORPORATED



Principal Place of Business

Mailing Address

6925 N. FLORIDA AVE.
TAMPA FL 33604

6925 N. FLORIDA AVE.
TAMPA FL 33604-5559

3. Date Incorporated or Qualified
12/27/1994

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3291823

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTHELL, DON
3334 HANDY RD.
TAMPA FL 33618

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ANDERSON, VANCE
STREET ADDRESS 1729 W. PERDIZ
CITY-ST-ZIP TAMPA FL 33612
 DELETE

1.1 TITLE PD
1.2 NAME ANDERSON, VANCE
1.3 STREET ADDRESS 3339 FOXRIDGE CR.
1.4 CITY-ST-ZIP TAMPA, FL 33618
 Change Addition

TITLE VPD
NAME HALL, PAULA
STREET ADDRESS 12303 WITHERIDGE DR.
CITY-ST-ZIP TAMPA FL 33624
 DELETE

2.1 TITLE VPD
2.2 NAME MOORE, MICHAEL
2.3 STREET ADDRESS 106 W. COMMANCHE
2.4 CITY-ST-ZIP TAMPA, FL 33604
 Change Addition

TITLE SD
NAME JOHNSON, YVONNE
STREET ADDRESS 1220 DUBUEL RD.
CITY-ST-ZIP LUTZ FL 33549
 DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
 Change Addition

TITLE TD
NAME WALIN, MICHAEL
STREET ADDRESS PO BOX 8824 N/A
CITY-ST-ZIP TAMPA FL 33674
 DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
 Change Addition

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:

Michael A. Walin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A. WALIN, TREASURER 1/22/97 224-2542

(813)

CR2E037 (9/96)