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**Apr 02, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N94000006332**

1. Corporation Name

**TAMPA GYMNASTICS AND DANCE, INCORPORATED**

Principal Place of Business

6925 N. FLORIDA AVE.  
 TAMPA FL 33604

Mailing Address

6925 N. FLORIDA AVE.  
 TAMPA FL 33604



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

12/27/1994

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

9. Name and Address of Current Registered Agent

**ROTHELL, DON**  
**3334 HANDY RD.**  
**TAMPA FL 33618**

10. Name and Address of New Registered Agent

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

TITLE PD  DELETE

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

TITLE VPD  DELETE

NAME MOORE, MICHAEL  
 STREET ADDRESS 106 W. COMMANCHE  
 CITY-ST-ZIP TAMPA FL

TITLE SD  DELETE

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

TITLE TD  DELETE

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

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS 3339 Foxridge Circle  
 1.4 CITY-ST-ZIP Tampa FL 33618

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME SD Dianna Harvester  
 3.3 STREET ADDRESS 1311 E Louisiana Ave  
 3.4 CITY-ST-ZIP Tampa FL 33603

4.1 TITLE  Change  Addition

4.2 NAME TD Antonio Chase  
 4.3 STREET ADDRESS 11311 North Ola Ave  
 4.4 CITY-ST-ZIP Tampa FL 33612

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

3/26/99

(941) 428-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)