

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 06, 2004  
Secretary of State**

DOCUMENT# N94000006332

Entity Name: TAMPA GYMNASTICS AND DANCE, INCORPORATED

**Current Principal Place of Business:**

6925 N. FLORIDA AVE.  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

6925 N. FLORIDA AVE.  
TAMPA, FL 33604

**New Mailing Address:**

FEI Number: 59-3291823      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCNAMARA, RHONDA  
Address: 13331 GOLF CREST  
City-St-Zip: TAMPA, FL 33624

Title: VPD (X) Delete  
Name: MCNAMARA, RHONDA  
Address: 13331 GOLF CREST CIR  
City-St-Zip: TAMPA, FL 33624

Title: VPD ( ) Delete  
Name: SANCHEZ, VILMA  
Address: 915 W PATTERSON STREET  
City-St-Zip: TAMPA, FL 33604

Title: TD ( ) Delete  
Name: BARNES, RAISA  
Address: 11237 ANDY DR  
City-St-Zip: RIVERVIEW, FL 33569

Title: SD ( ) Delete  
Name: HAZZARD, ANGELA  
Address: 1354 CORNER OAKS DR  
City-St-Zip: BRANDON, FL 33510

Title: D ( ) Delete  
Name: RIDGEWAY, CANDACE  
Address: 15506 WOODFAIR PL  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: SOTELO, TIFFANY  
Address: PO BOX 263642  
City-St-Zip: TAMPA, FL 33685

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAISA BARNES

TD

07/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date