

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 10, 2005
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 () 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 33659

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: BARNWELL, CHERIE
Address: 6925 N. FLORIDA AVE
City-St-Zip: TAMPA, FL 33604

Title: PD (X) Change () Addition
Name: SANCHEZ, VILMA
Address: 6925 N. FLORIDA AVE
City-St-Zip: TAMPA, FL 33604

Title: TD (X) Change () Addition
Name: BARNES, RAISA
Address: 6925 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33604

Title: SD (X) Change () Addition
Name: SOTELO, TIFFANY
Address: 6925 N. FLORIDA AVE
City-St-Zip: TAMPA, FL 33604

Title: D (X) Change () Addition
Name: SANCHEZ, MARITZA
Address: 6925 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33604

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

01/10/2005

Electronic Signature of Signing Officer or Director

Date