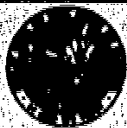


FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717626 (6)
1. Corporation Name VALPARAISO GYMNASTICS ASSOCIATION, INC.

Principal Place of Business 150 KELLY LANE P.O. BOX 97 VALPARAISO FL 32580	Mailing Address 150 KELLY LANE P.O. BOX 97 VALPARAISO FL 32580
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent CHESSER, D. MICHAEL SIXTH FLOOR CREDIT UNION BLDG 838 EGLIN PARKWAY FORT WALTON BEACH FL 32548	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SWANZY, PATRICIA
STREET ADDRESS	390 DAVENPORT AVENUE
CITY- ST- ZIP	VALPARAISO, FL 00000
TITLE	SD
NAME	GRIFFIN, JOYCE M
STREET ADDRESS	324 OHIO AVENUE
CITY- ST- ZIP	VALPARAISO, FL 00000
TITLE	DT
NAME	SMITH, GARNET
STREET ADDRESS	147 KELLY LANE
CITY- ST- ZIP	VALPARAISO, FL 00000
TITLE	PD
NAME	SWANZY, JAMES H
STREET ADDRESS	390 DAVENPORT AVENUE
CITY- ST- ZIP	VALPARAISO, FL 00000
TITLE	D
NAME	BOLTON, ROSEMARIE
STREET ADDRESS	329 EDGE AVENUE
CITY- ST- ZIP	VALPARAISO, FL 00000
TITLE	D
NAME	BAREFIELD, BEVERLY
STREET ADDRESS	109 PINE ST.
CITY- ST- ZIP	NCEVILLE FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Garnet E. Smith Garnet E. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APPROVED
AND
FILED**

95 APR 19 AM 8:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 11/25/1980	3a. Date of Last Report 04/20/1994
4. FEI Number 59-1416028	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
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	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
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	

April 12 1995 (904) 678-2707
Date Daytime Phone