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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 717627 (4)

1. Corporation Name

VALASTIC GYMNASTICS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
100 VALASTICS AVENUE P.O. BOX 337 VALPARAISO FL 32580	100 VALASTICS AVENUE P.O. BOX 337 VALPARAISO FL 32580

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/25/1969
3a. Date of Last Report: 10/20/1994
4. FEI Number: 23-7262523 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 599 W. John C Sims Pkwy	26 P.O. Box 337
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Niceville, FL	28 City & State: Valparaiso, FL
24 Zip: 32578 25 Country: USA	29 Zip: 32580 30 Country: USA

5. Certificate of Status Desired ☐ **$8.75** 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

9. Name and Address of Current Registered Agent

WAXMAN, DAVID R
1029 TROON DR E
NICEVILLE FL 32578-4062

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	RYAN, ROBERT J	1.2 NAME	
STREET ADDRESS	118 W. OLD MILL WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32539	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HELLER, RAINER	2.2 NAME	
STREET ADDRESS	1073 TREE POINT DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH. FL 32547	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	WAXMAN, DAVID R	3.2 NAME	
STREET ADDRESS	1029 TROON DR E	3.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578-4062	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	DOYLE, LINDA M	4.2 NAME	
STREET ADDRESS	1336 WINDWARD CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: David R. Waxman DAVID R. WAXMAN 2-23-95 904-678-5922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072040