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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

599 W. JOHN C. SIMS PKWY
NICEVILLE FL 32578
US

Mailing Address

PO BOX 337
VALPARAISO FL 32580
US

3. Date Incorporated or Qualified
11/25/1969

3a. Date of Last Report
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 RYAN, ROBERT J
STREET ADDRESS 118 W. OLD MILL WAY
CITY-ST-ZIP CRESTVIEW FL 32539

TITLE VD ☐ DELETE

NAME HELLER, RAINER
STREET ADDRESS 1073 TREE POINT DRIVE
CITY-ST-ZIP FT. WALTON BCH. FL 32547

TITLE TD ☐ DELETE

NAME WAXMAN, DAVID R
STREET ADDRESS 1029 TROON DR E
CITY-ST-ZIP NICEVILLE FL 32578-4062

TITLE SD ☐ DELETE

NAME DOYLE, LINDA M
STREET ADDRESS 1336 WINDWARD CIRCLE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PD ☒ Change ☐ Addition

1.2 NAME MOORE, AYNÉ
1.3 STREET ADDRESS 1718 Sycamore Ave
1.4 CITY-ST-ZIP Niceville, FL 32578

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Bruechert, Susan
2.3 STREET ADDRESS 4539 Parkwood Ln E.
2.4 CITY-ST-ZIP Niceville, FL 32578

3.1 TITLE TD ☒ Change ☐ Addition

3.2 NAME Heller, Rainer
3.3 STREET ADDRESS 1073 Tree Point Dr
3.4 CITY-ST-ZIP Ft Walton Beach, FL 32547

4.1 TITLE SD ☒ Change ☐ Addition

4.2 NAME PELTON, MELANIE
4.3 STREET ADDRESS 615 CARIBBEAN WAY
4.4 CITY-ST-ZIP NICEVILLE FL 32578

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 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)(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:

A.M. Moore A.M. MOORE

2/27/96

(904)863-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)