


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>717627</b> (4)			
1. Corporation Name <b>VALASTIC GYMNASTICS ASSOCIATION, INC.</b>			
Principal Place of Business <b>599 W. JOHN C. SIMS PKWY NICEVILLE FL 32578 US</b>		Mailing Address <b>PO BOX 337 VALPARAISO FL 32580-0337 US</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>22</b>		City & State <b>27</b>	
Zip <b>23</b>		Country <b>28</b>	
Country <b>25</b>		Country <b>30</b>	
9. Name and Address of Current Registered Agent <b>WAXMAN, DAVID R 1029 TROON DR E NICEVILLE FL 32578-4062</b>		10. Name and Address of New Registered Agent <b>81 Name Larry Tellman 82 Street Address (P.O. Box Number is Not Acceptable) 1148 Pin Oak Cr 83 84 City Niceville FL 85 Zip Code 32578</b>	
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 <i>Larry Tellman</i> DATE <b>March 29, 1997</b>			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	
NAME	RYAN, ROBERT J		
STREET ADDRESS	118 W. OLD MILL WAY		
CITY-ST-ZIP	CRESTVIEW FL 32539		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	
NAME	HELLER, RAINER		
STREET ADDRESS	1073 TREE POINT DRIVE		
CITY-ST-ZIP	FT. WALTON BCH. FL 32547		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	
NAME	WAXMAN, DAVID R		
STREET ADDRESS	1029 TROON DR E		
CITY-ST-ZIP	NICEVILLE FL 32578-4062		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	
NAME	DOYLE, LINDA M		
STREET ADDRESS	1336 WINDWARD CIRCLE		
CITY-ST-ZIP	NICEVILLE FL 32578		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	
NAME	MOORE, AYNE		
STREET ADDRESS	1718 SYCAMORE AVE		
CITY-ST-ZIP	NICEVILLE FL		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	
NAME	PELTON, MELANIE		
STREET ADDRESS	615 CARRIBEAN WAY		
CITY-ST-ZIP	NICEVILLE FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN J2			
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	TELLMAN, LARRY		
1.3 STREET ADDRESS	1148 PIN OAK CR.		
1.4 CITY-ST-ZIP	NICEVILLE, FL 32578		
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	WHITTLE, WILLIAM		
2.3 STREET ADDRESS	907 LINDEN AVE.		
2.4 CITY-ST-ZIP	NICEVILLE FL 32578		
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	DAIN, DEBORA		
3.3 STREET ADDRESS	<del>PO BOX 490 N/A</del>		
3.4 CITY-ST-ZIP	<del>NICEVILLE, FL 32578</del>		
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME	MURRER, TERESA		
4.3 STREET ADDRESS	830 MAGNOLIA SHORES		
4.4 CITY-ST-ZIP	NICEVILLE FL 32578		
5.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME	SPITZNAGEL, RICK		
5.3 STREET ADDRESS	329 BIMINI WAY		
5.4 CITY-ST-ZIP	NICEVILLE FL 32578		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Larry Tellman</i> REQUIRED TELLMAN 3-12-97 (904) 678-5922			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E037 (9/96)