


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------	-----------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------

**DOCUMENT # 717627 (4)**

1. Corporation Name

**VALASTIC GYMNASTICS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

PO BOX 337  
VALPARAISO FL 32580  
US



3. Date Incorporated or Qualified

11/25/1969

4. FEI Number

23-7262523

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TELLMAN, LARRY  
1148 PIN OAK CR  
NICEVILLE FL 32578-4082

81 Name Kim McSparren

82 Street Address (P.O. Box Number is Not Acceptable)  
309 Somerset Drive

83

84 City Fort Walton Beach

FL

85 Zip Code 32547

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

*Kim McSparren*

(NOTE: Registered Agent signature required when reinstating)

5/5/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TELLMAN, LARRY	
STREET ADDRESS	1148 PIN OAK CR	
CITY-ST-ZIP	NICEVILLE FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kim McSparren	
1.3 STREET ADDRESS	309 Somerset Drive	
1.4 CITY-ST-ZIP	Fort Walton Beach, FL 32547	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WHITTLE, WILLIAM	
STREET ADDRESS	907 LINDEN AVE	
CITY-ST-ZIP	NICEVILLE FL	

2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tim Goodwin	
2.3 STREET ADDRESS	56 Nebraska Avenue N.E.	
2.4 CITY-ST-ZIP	Fort Walton Beach, FL 32547	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CAIN, DEBORA	
STREET ADDRESS	P.O. BOX 490 N/A	
CITY-ST-ZIP	NICEVILLE FL	

3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Crysty Stone	
3.3 STREET ADDRESS	119 Royal Drive	
3.4 CITY-ST-ZIP	Defunaik Springs, FL 32433	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MURRER, TERESA	
STREET ADDRESS	830 MAGNOLIA SHORES	
CITY-ST-ZIP	NICEVILLE FL	

4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Celia Walker	
4.3 STREET ADDRESS	105 Oakwood Circle	
4.4 CITY-ST-ZIP	Niceville, FL 32578	

TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	SPITZNAGEL, RICK	
STREET ADDRESS	329 BIMINI WAY	
CITY-ST-ZIP	NICEVILLE FL	

5.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lee Murrer	
5.3 STREET ADDRESS	830 Magnolia Drive	
5.4 CITY-ST-ZIP	Niceville, FL 32578	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

*Kim McSparren*

4/17/98 (800) 678-5922

CR2E037 (10/97)