

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90040 017 \*\*\*\*70.00

**DOCUMENT # 717627**

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

143829 - 90040 - 17



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/25/1969

4. FEI Number

23-7262523

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MCLSPARREN, K  
309 SOMERSET DR  
FT WALTON BCH FL 32547

10. Name and Address of New Registered Agent

81 Name

Sharyn Forbes

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

431 Andrew Drive

83

84 City

Valparaiso, Fl. 32580

85

Zip Code

FL

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

*Sharyn Forbes*

*Jan-21-99*

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 MCSPARREN, K

STREET ADDRESS 309 SOMERSET DR

CITY-ST-ZIP FT WALTON BCH FL 32547

TITLE VD ☒ DELETE

NAME GOODWIN, T

STREET ADDRESS 56 NEBRASKA AVE, NE

CITY-ST-ZIP FT WALTON BCH FL 32547

TITLE TD ☒ DELETE

NAME STONE, C

STREET ADDRESS 119 ROYAL DR

CITY-ST-ZIP DEFUNIAK SPGS FL 32433

TITLE SD ☒ DELETE

NAME WALKER, C

STREET ADDRESS 105 OAKWOOD CIR

CITY-ST-ZIP NICEVILLE FL 32578

TITLE MD ☐ DELETE

NAME MURRER, L

STREET ADDRESS 830 MAGNOLIA DR

CITY-ST-ZIP NICEVILLE FL 32578

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 Audrey Williams

1.3 STREET ADDRESS 40 11th Street K-92

1.4 CITY-ST-ZIP Shalimar, FL. 32579

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Bill McSparren

2.3 STREET ADDRESS 309 Somerset Drive

2.4 CITY-ST-ZIP Fort Walton Beach, FL. 32547

3.1 TITLE TD ☒ Change ☐ Addition

3.2 NAME Jim Walker

3.3 STREET ADDRESS 105 Oakwood Circle

3.4 CITY-ST-ZIP Niceville, FL. 32478

4.1 TITLE SD ☒ Change ☐ Addition

4.2 NAME Lynell Cosson

4.3 STREET ADDRESS 1927 Cosson Road

4.4 CITY-ST-ZIP De Funiak Springs, FL. 32433

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 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, with all other like empowered.

SIGNATURE:

*Audrey Williams*

*21 Jan 99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)