2000 UNIFORM BUSINESS REPORT (UBR)

5/24

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-24-2000 90093 036 ****61.25

DOCUMENT # 717627 R

1. Entity Name: Valastics Gymnastics Association, Inc.

Principal Place of Business: 599 John Sims Pkwy, Niceville, FL 32578

Mailing Address: P.O. Box 337, Valpariso, FL 32580

2. Principal Place of Business: 599 John Sims PKWY
Suite, Apt. #, etc.:

3. Mailing Address:
Suite, Apt. #, etc.: P.O. Box 337

City & State: Niceville, FL
Zip: 32578 Country: USA

City & State: Valpariso, FL
Zip: 32580 Country: USA Okaloosa

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 23 7262523 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:

7. Name and Address of New Registered Agent:
Name: Audrey Williams
Street Address (P.O. Box Number is Not Acceptable): 599 John Sims Parkway
City: Niceville FL Zip Code: 32578

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Audrey Williams — Audrey Williams — 24 Apr 00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Audrey Williams 599 John Sims PKWY Niceville, FL 32578 — ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Janet Merritt D 599 John Sims PKWY Niceville, FL 32578 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Donna Kunzmann D same as above — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Donna Powers D same as above — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Jackie Koranda D Same as above — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Building Custodian Lynell Cosson D Same as above — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet M Merritt — Janet M Merritt — 4/23/00 — 850-678-5922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #