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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 751929

1. Corporation Name

ROBINSON'S SCHOOL OF GYMNASTICS, INC.

Principal Place of Business 5010 TAMPA W. BLVD.

TAMPA FL 33634

Mailing Address

5010 TAMPA W. BLVD. TAMPA FL 33634

HS

FILED May 07, 1999 8:00 am Secretary of State

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28 Zip Country Zip Country 6. Election Campaign Financing S5.(24 25 29 30 Trust Fund Contribution Add 9. Name and Address of Current Registered Agent 81 Name STEWART, FRANK S. 3558 N. 29TH STREET TAMPA FL 33605 82 Street Address (P.O. Box Number is Not Acceptable) 83 Address of Status Desired Fee Fee Fee Fee Fee Fee Fee Fe	Applied For Not Applicable 5 Additional e Required 00 May Be ded to Fees Zip Code g its registered as registered
Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country Sign Sig	Not Applicable 75 Additional e Required 00 May Be ded to Fees Zip Code
22 Street Address (P.O. Box Number is Not Acceptable) 23 Street Address (P.O. Box Number is Not Acceptable) 24 Street Address (P.O. Box Number is Not Acceptable) 25 Street Address (P.O. Box Number is Not Acceptable) 3558 N. 29TH STREET TAMPA FL 33605 Street Address of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	Not Applicable 75 Additional e Required 00 May Be ded to Fees Zip Code
City & State Sip Country 6. Election Campaign Financing Trust Fund Contribution Add 9. Name and Address of Current Registered Agent Name STEWART, FRANK S. 3558 N. 29TH STREET TAMPA FL 33605 81 Name City City City City FL 85 2 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 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	75 Additional e Required 00 May Be ded to Fees Zip Code
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	OTODO IN 40
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE PD DELETE 1.1 TITLE	inge 🔲 Additio
NAME ROBINSON, JR., JOHN S. 12 NAME	
STREET ADDRESS 3009 26TH ST. 1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 1.4 CITY-ST-ZIP	
TITLE VD DELETE 2.1 TITLE Char	nge 🗌 Additio
NAME SCRIVENS, JOHN J. 22 NAME	
STREET ADDRESS 4602 N.39TH STREET 2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 2.4 CITY-ST-ZIP	
TITLE TD DELETE 3.1 TITLE Char	nge 🗌 Additio
NAME FRANKLIN, LEJOAN R. 32 NAME	
STREET ADDRESS 3706 RIVERGROVE DR. 3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 34.CITY-ST-ZIP	
TITLE VD DELETE 4.1 TITLE Char	inge
NAME MACPHERSON, DOUGLAS D. 4.2 NAME	
STREET ADDRESS 5010 TAMPA W. BLVD. 4.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 44 CITY-ST-ZIP	
TITLE SD DELETE 5.1 TITLE Char	inge Additio
NAME MACPHERSON, LYNDA L. 52 NAME	
STREET ADDRESS 5010 TAMPA W. BLVD. 5.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 54 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE Char	

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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OUR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99 8/3-886-4666

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