


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 755110 (4)</b>		
1. Corporation Name <b>TUMBLEWEEDS GYMNASTIC BOOSTER CLUB INCORPORATED</b>		



Principal Place of Business <b>3070 44TH AVE N ST. PETERSBURG FL 33714 US</b>	Mailing Address <b>3070 44TH AVE N ST. PETERSBURG FL 33714 US</b>
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3. Date Incorporated or Qualified <b>11/13/1980</b>	
4. FEI Number <b>59-2444338</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>		
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>		
City & State <b>23</b>	City & State <b>28</b>		
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KAYE K. KOPP, EILEEN K. 3070 44TH AVE N ST. PETERSBURG FL 33714</b>	
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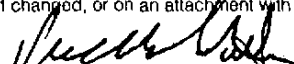
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD EARLE, SUZANNE 725 38TH AVE N ST PETERSBURG FL	1.1 TITLE	<del>President PD</del> Frederick Sutter
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	4626 14th St NW
CITY-ST-ZIP		1.4 CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE	VPD KOWALSKI, MIKE 6583 CHANNELSIDE TERR PINELLAS PARK FL	2.1 TITLE	<del>VPD</del> Danna Bern Wehr
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	415 14th Ave NE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	SD MOHAN, MONA 6800 N 30TH AVE ST PETERSBURG FL	3.1 TITLE	<del>SD</del> Linda Straub
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	2630 Windingway
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm Harbor, FL 34883
TITLE	TD BANNON, JULIE L 759 SUWANNEE CT NE ST PETERSBURG FL	4.1 TITLE	<del>TD</del> Mary Margaret Dolcimascolo
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	4919 St. Croix Dr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  Frederick Sutter 4/20/98 80-5447

CR2E037 (10/97)