

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90014 029 \*\*\*\*61.25

<b>DOCUMENT # 755110</b> 1. Entity Name <b>TUMBLEWEEDS GYMNASTIC BOOSTER CLUB INCORPORATED</b>					
Principal Place of Business 2301 - 26TH STREET NORTH ST. PETERSBURG, FL 33713 US			Mailing Address 2301 - 26TH STREET NORTH ST. PETERSBURG, FL 33713 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2444338</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SIMKANICH, LAURA</b> <b>5252 - 48TH TERRACE NORTH</b> <b>SAINT PETERSBURG, FL 33709</b>				7. Name and Address of New Registered Agent Name <b>HARMON, JON</b> Street Address (P.O. Box Number is Not Acceptable) <b>2301 26TH STREET NORTH</b> City <b>ST. PETERSBURG</b> FL Zip Code <b>33713</b>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>				TREASURER <b>1/28/04</b> <small>(NOTE: Registered Agent signature required when re-registering) DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>GUNNING, DARLENE</b> <b>16303 REDDINGTON DRIVE</b> <b>REDDINGTON, FL 32208</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT-D</b> <b>GUNNING, DARLENE</b> <b>16303 REDDINGTON DR.</b> <b>REDDINGTON, FL 32208</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GRIFFIN, SHIRLEY</b> <b>1312 - 25TH STREET NORTH</b> <b>SAINT PETERSBURG, FL 33713</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT-D</b> <b>TANLOR, DONNA</b> <b>17302 STEVENSON LANE</b> <b>ODESSA, FL 33556</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SIMKANICH, LAURA</b> <b>5252 48TH TERRACE NORTH</b> <b>SAINT-PETERSBURG, FL 33709</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER-D</b> <b>HARMON, JON</b> <b>2301 26TH ST. NORTH</b> <b>ST. PETERSBURG, FL 33713</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SMITH, TERRY</b> <b>301-17 ST E</b> <b>BRADENTON, FL 34208</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY-D</b> <b>ADRIAN, ANDRA</b> <b>3306 SAN JOSE ST. WEST</b> <b>TAMPA, FL 33629</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>1/28/04</b> <b>813-727-7570</b> <small>Date Daytime Phone #</small>	