
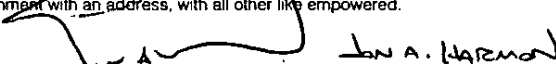


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90066 031 ****61.25

| | | | | | |
|---|-----------------------------------|---|---|---|--|
| DOCUMENT # 755110 1. Entity Name TUMBLEWEEDS GYMNASTIC BOOSTER CLUB INCORPORATED | | | |  | |
| 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 | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2444338 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| HARMON, JON 2301 26TH ST. N SAINT PETERSBURG, FL 33713 | | | | Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | |
| 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. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUNNING, DARLENE | | NAME | HARMON, JON | |
| STREET ADDRESS | 16303 REDDINGTON DRIVE | | STREET ADDRESS | 10406 SEASIDE WAY | |
| CITY-ST-ZIP | REDDINGTON, FL 32208 | | CITY-ST-ZIP | TAMPA, FL 33615 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DONLER, DONNA | | NAME | HARRIS, BRAS | |
| STREET ADDRESS | 17302 STETSON LAND | | STREET ADDRESS | 605 24B AVE N. | |
| CITY-ST-ZIP | ODESSA, FL 33556 | | CITY-ST-ZIP | ST PETERSBURG, FL 33704 | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HARMON, JON | | NAME | WOLFORD, TERRY | |
| STREET ADDRESS | 2301 26TH N | | STREET ADDRESS | 6206 FRANKLIN ST. | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33713 | | CITY-ST-ZIP | TAMPA, FL 33647 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDRIAN, ANDRA | | NAME | GUNNING, DARLENE | |
| STREET ADDRESS | 3306 SAN JOSE ST. W | | STREET ADDRESS | 16303 REDDINGTON DR. | |
| CITY-ST-ZIP | TAMPA, FL 33629 | | CITY-ST-ZIP | REDDINGTOWN, FL 32208 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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:  | | | 1/15/05 83-854-1760 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |