

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



03102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2444338

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARMON, JON
2301 26TH ST. N
SAINT PETERSBURG, FL 33713**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARMON, JON
STREET ADDRESS	10406 SEASIDE WAY
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	VD
NAME	HARRIS, BRAD
STREET ADDRESS	605 24B AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	TD
NAME	WALFORD, TERRY
STREET ADDRESS	6206 FARTHING STREET
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	SD
NAME	GUNNING, DARLENE
STREET ADDRESS	16303 REDDINGTON DR
CITY-ST-ZIP	REDDINGTON, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000467965
03/24/06-80013-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JON A. HARMON

3/10/06

727-328-8500

Date

Daytime Phone