

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:24

DOCUMENT # 755765 (5)

1. Corporation Name

THE PENSACOLA GYMNASTICS BOOSTERS, INCORPORATED

Principal Place of Business

Mailing Address

BALLOO, CHERYL
1254 GREENVIEW LANE
GULF BREEZE FL 32561
US

BALLOO, CHERYL
1254 GREENVIEW LANE
GULF BREEZE FL 32561
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1980

3a. Date of Last Report

08/04/1994

4. FEI Number

59-2385739

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Vicki Johnson

2a. Mailing Address

26 Vicki Johnson

Suite, Apt. #, etc.
22 9344 Bell Ridge Dr.

Suite, Apt. #, etc.
27 9344 Bell Ridge Dr.

City & State

23 Pensacola FL

City & State

28 Pensacola FL

Zip

24 32526

Country

25 USA

Zip

29 32526

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALLOO, CHERYL L
1254 GREENVIEW LANE
GULF BREEZE FL 32561

81 Name

Vicki Johnson

82 Street Address (P.O. Box Number is Not Acceptable)

9344 Bell Ridge Dr.

83

84 City

Pensacola

FL

85 Zip Code
32526

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Vicki Johnson

Vicki Johnson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BETT-HESTER, THAISA
STREET ADDRESS	3911 ELMCREST DR.
CITY-ST-ZIP	PENSACOLA FL
TITLE	SD
NAME	CALDWELL, DEBBIE
STREET ADDRESS	107 SHORELINE DR
CITY-ST-ZIP	GULF BREEZE FL
TITLE	TD
NAME	BALLOU, CHERYL L.
STREET ADDRESS	1254 GREENVIEW LANE
CITY-ST-ZIP	GULF BREEZE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres. PD	☒ Change ☐ Addition
1.2 NAME	Vicki Johnson	
1.3 STREET ADDRESS	9344 Bell Ridge Dr.	
1.4 CITY-ST-ZIP	Pensacola FL 32526	
2.1 TITLE	SecSD	☒ Change ☐ Addition
2.2 NAME	Angie Eligio	
2.3 STREET ADDRESS	2330 Teate Ave.	
2.4 CITY-ST-ZIP	Pensacola FL 32504	
3.1 TITLE	Treas. TD	☒ Change ☐ Addition
3.2 NAME	Sheree Locklin	
3.3 STREET ADDRESS	5703 Sandstone Dr.	
3.4 CITY-ST-ZIP	Pace FL 32571	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 recorder 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:

Vicki Johnson

Vicki Johnson

2/14/95

(904) 944-1309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER