



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90552 039 ****70.00

DOCUMENT # N00000004605 1. Entity Name TAYLOR GYMNASTICS, INC.					
Principal Place of Business 210 E MAIN ST PERRY, FL 32347			Mailing Address 210 E MAIN ST PERRY, FL 32347		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04282005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent ERNST, CONNIE 210 E MAIN ST PERRY, FL 32347	
Zip		Country		7. Name and Address of New Registered Agent Name Shaina Mattingly Street Address (P.O. Box Number is Not Acceptable) 210 E. MAIN ST. City Perry FL Zip Code 32347	
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 <u>Shaina Mattingly</u> <u>Shaina Mattingly</u> <u>Treasurer</u> <u>4/28/05</u> <small>Signature, typed or printed name of registered agent or officer, as 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 NAME STREET ADDRESS CITY - ST - ZIP	DV BAKER, ROBIN 210 E MAIN ST PERRY, FL 32347	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Nikki Uioh 210 E. main st Perry, FL 32347	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ERNST, CONNIE 210 E MAIN ST PERRY, FL 32347	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Darla Gatewood 210 E. MAIN ST. Perry, FL 32347	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MATTINGLY, SHAINA 88 ELLISON FRITH RD. PERRY, FL 32347	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SCHMIDT, BRENDA 210 E MAIN ST PERRY, FL 32347	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<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: <u>Shaina Mattingly</u> <u>Shaina Mattingly</u> <u>Treas.</u> <u>4/28/05</u> <u>(850) 584-6555</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					