2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004605

1. Entity Name
TAYLOR GYMNASTICS, INC.

Principal Place of Business	Mailing Address
210 E MAIN ST PERRY, FL 32347	210 E MAIN ST PERRY, FL 32347

04282006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MATTINGLY, SHAINA
210 E MAIN ST
PERRY, FL 32347

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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 Shaina Mattingly 4/28/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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

U00000553742
05/15/06-80065-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	VIOLA, NIKKI
STREET ADDRESS	210 E MAIN ST
CITY-ST-ZIP	PERRY, FL 32347
TITLE	DP
NAME	GATEWOOD, DARLA
STREET ADDRESS	210 E MAIN ST
CITY-ST-ZIP	PERRY, FL 32347
TITLE	DT
NAME	MATTINGLY, SHAINA
STREET ADDRESS	88 ELLISON FRITH RD.
CITY-ST-ZIP	PERRY, FL 32347
TITLE	DS
NAME	SCHMIDT, BRENDA
STREET ADDRESS	210 E MAIN ST
CITY-ST-ZIP	PERRY, FL 32347
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Shaina Mattingly 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #