

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004605

FILED
Apr 29, 2008
Secretary of State

Entity Name: TAYLOR GYMNASTICS, INC.

Current Principal Place of Business:

210 E MAIN ST
PERRY, FL 32347

New Principal Place of Business:

210 E MAIN ST
PERRY, FL 32347 US

Current Mailing Address:

210 E MAIN ST
PERRY, FL 32347

New Mailing Address:

210 E MAIN ST
PERRY, FL 32347 US

FEI Number: 59-3661517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTINGLY, SHAINA
210 E MAIN ST
PERRY, FL 32347 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: VIOLA, NIKKI
Address: 210 E MAIN ST
City-St-Zip: PERRY, FL 32347

Title: DP () Delete
Name: GATEWOOD, DARLA
Address: 210 E MAIN ST
City-St-Zip: PERRY, FL 32347

Title: DT () Delete
Name: MATTINGLY, SHAINA
Address: 88 ELLISON FRITH RD.
City-St-Zip: PERRY, FL 32347

Title: DS () Delete
Name: SCHMIDT, BRENDA
Address: 210 E MAIN ST
City-St-Zip: PERRY, FL 32347

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: WHIDDON, MICHELLE
Address: 210 E MAIN ST
City-St-Zip: PERRY, FL 32347

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: MORRISON, NANETTE
Address: 210 E MAIN ST
City-St-Zip: PERRY, FL 32347

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAINA MATTINGLY

DT

04/29/2008

Electronic Signature of Signing Officer or Director

Date