2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006349

Address:

City-St-Zip:

3286 ORCHARD DRIVE

PALM HARBOR, FL 34684

Entity Name: GEMINI GYMSTARS BOOSTER CLUB, INC.

FILED Apr 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 401 DOUGLAS ROAD OLDSMAR, FL 34677 **Current Mailing Address: New Mailing Address:** 401 DOUGLAS ROAD OLDSMAR, FL 34677 FEI Number: 59-3740715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LIEBLING, LAWRENCE H 24761 US 19 N STE 620 US CLEARWATER, FL 33763 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ZOLDOS, JOAN GONZALEZ, TAMMY Name: Name: Address: 2436 ANTHONY AVENUE Address: 5472 WORTHINGTON LOOP CLEARWATER, FL 33759 City-St-Zip: City-St-Zip: PALM HARBOR, FL 34685 Title: Title: (X) Change () Addition () Delete Name: GONZALEZ, TAMMY Name: JOHNSON, JENNIFER Address: 5472 WORTHINGTON LOOP Address: 5498 WORTHINGTON LOOP City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685 Title: () Delete Title: () Change () Addition ZULLO, ELIZABETH K Name: Name: 2391 INDIAN TRAIL EAST Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: () Delete Title: () Change () Addition Name: EZELL, DAWN Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: ELIZABETH ZULLO T 04/06/2005