


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90089 032 \*\*\*\*61.25

<b>DOCUMENT # N02000006836</b>					
<b>1. Entity Name</b> TROUSDELL GYMNASTICS CENTER BOOSTER CLUB, INC.					
<b>Principal Place of Business</b> TROUSDELL GYMNASTICS CENTER 326 JOHN KNOX RD TALLAHASSEE, FL 32303			<b>Mailing Address</b> TROUSDELL GYMNASTICS CENTER 326 JOHN KNOX RD TALLAHASSEE, FL 32303		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 04-3713868	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  AKER, MIGNETTE 3333 LAKESHORE DRIVE TALLAHASSEE, FL 32312			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> AKER, MIGNETTE		<b>TITLE</b> D	<b>NAME</b> Cline, Rene	
<b>STREET ADDRESS</b> 3333 W LAKESHORE DR	<b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32312		<b>STREET ADDRESS</b> 275 Ashton Court	<b>CITY-ST-ZIP</b> Quincy, FL 32352	
<b>TITLE</b> VD	<b>NAME</b> SCHREMSER, CHRIS		<b>TITLE</b> TD	<b>NAME</b> kenyon, Josephine	
<b>STREET ADDRESS</b> 3107 AVON CIRCLE	<b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32312		<b>STREET ADDRESS</b> 2220 Gates Dr.	<b>CITY-ST-ZIP</b> Tallahassee, FL 32312	
<b>TITLE</b> D	<b>NAME</b> KIMMEL, DIANE		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 244 ROBINHOOD CT	<b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32312		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> TD	<b>NAME</b> KNUDSEN, LARISSA		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 3680 WOODHILL DR	<b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32303		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> SD	<b>NAME</b> DYE, MARYBETH		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 424 EL DESTINADO DR	<b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32312		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> LANE, LORI		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 383 THORNBURG DR	<b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32312		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Marybeth Dye / Marybeth Dye, Sec.</u> <u>4-25-08</u> <u>850-893-2222</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					