

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006836

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** TROUSDELL GYMNASTICS CENTER BOOSTER CLUB, INC.

**Current Principal Place of Business:**

TROUSDELL GYMNASTICS CENTER  
326 JOHN KNOX RD  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

TROUSDELL GYMNASTICS CENTER  
326 JOHN KNOX RD  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 04-3713868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANE, LORI  
383 THORNBERG DRIVE  
TALLAHASSEE, FL 32312 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: PD  
Name: LANE, LORI  
Address: 383 THORNBERG DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD  
Name: SCHREMSE, CHRIS  
Address: 3107 AVON CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD  
Name: WARD, LAURA  
Address: 7757 CRICKLEWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD  
Name: BROOKS, MARIANNE  
Address: 1125 SANDLER RIDGE ROAD  
City-St-Zip: TALLAHASSEE, FL 32317

I hereby 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 all other like empowered.

SIGNATURE: MARIANNE BROOKS

SD

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date