2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

05-03-2005 90116 032 ****61.25

-			_	_	_			_		-	_	_	_	_	
			_	_									_		~
 	\sim	4 ^	_	\sim	\sim	^ ^	\sim	_	^						•

DOCUMENT # N04000006222 ORLÁNDO GYMNASTICS PARENTS ORGANIZATION, Principal Place of Business Mailing Address 11821 S ORANGE BLOSSOM TR STE A 11821 S ORANGE BLOSSOM TR STE A ORLANDO, FL 32837 ORLANDO, FL 32837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282005 Cha-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, DEBRA 11821 S ORANGE BLOSSOM TR STE A Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32837 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Delete President TITLE TITLE ☐ Change XX Addition Robert Notrem FORD, JOANNA NAME NAME 11821 S ORANGE BLOSSOM TR STE A STREET ADDRESS 11821 S. Orange Blossom Trail, Suite A STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32837 CITY-ST-ZIP Orlando, Florida 32837 XX Delete Vice President Change XX Addition MCCOY, KEVIN Melody Boeringer NAME NAME STREET ADDRESS 11821 S ORANGE BLOSSOM TR STE A STREET ADDRESS 11821 S. Orange Blossom Trail, Suite A ORLANDO, FL 32837 CITY-ST-ZIP CITY-ST-ZIP Orlando, Florida 32837 Delete Secretary Change XX Addition Rennie Ashcraft BURKE DIANNA NAME NAME STREET ADDRESS 11821 S ORANGE BLOSSOM TR STE A STREET ADDRESS 11821 S. Orange Blossom Trail, Suite A CITY-ST-ZIP ORLANDO, FL 32837 CITY-ST-ZIP Orlando, Florida 32837 ☐ Delete TITLE Change Addition COTTAM, PATRICIA NAME NAME 11821 S ORANGE BLOSSOM TR STE A STREET ADDRESS STREET ADDRESS ORLANDO, FL 32837 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 impowered 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 officers, with all other like empowered.

NAME

TITLE

Delete

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition