

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-27-2006 90211 038 ****61.25

N05000004733

FILED

06 JUL 18 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202006 Chg-NP CR2E037 (11/05)

DOCUMENT # N05000004733

1. Entity Name
FLIP AND TWIST GYMNASTICS BOOSTER CLUB, INC.



Principal Place of Business
2013 MURCOTT DRIVE
SUITE A
ST. CLOUD, FL 34771

Mailing Address
2013 MURCOTT DRIVE
SUITE A
ST. CLOUD, FL 34771

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
20-2849354

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**LEMASTER, GINA P
4830 CHERRYWOOD COURT
ST. CLOUD, FL 34769**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1727 Bridgets Court
City **Kissimmee** FL Zip Code **34744**

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 *Charles P. Mather* DATE **4/21/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEMASTER, GINA P 1830 CHERRYWOOD COURT ST. CLOUD, FL 34769 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1727 Bridgets Court Kissimmee FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOUCKHUYT, JEAN 2426 QUAIL RUN KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA JENSEN, MISHA 277B PINE VALLEY ROAD ST. CLOUD, FL 34769 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Shauna McCoy 5668 Merlin Ave St. Cloud, FL 34772
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Carrie B. Jones 3170 Lake Breeze Circle St. Cloud FL 34771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition JC 7/24

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.

SIGNATURE: *Charles P. Mather* DATE **4/20/06** DAYTIME PHONE # **407-988-4665**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR