

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007590

FILED  
Feb 15, 2006  
Secretary of State

**Entity Name:** BRANDON STARS GYMNASTICS BOOSTER CLUB, INC.

**Current Principal Place of Business:**

3097 S. KINGSWAY RD.  
SEFFNER, FL 33584 HI

**New Principal Place of Business:**

**Current Mailing Address:**

15107 KESTRELRISE DR.  
LITHIA, FL 33547 HI

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

GARVEY, CONNIE MRS.  
15107 KESTRELRISE DR.  
LITHIA, FL 33547 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: P ( ) Delete  
Name: GARVEY, CONNIE MRS.  
Address: 15107 KESTRELRISE DR.  
City-St-Zip: LITHIA, FL 33547 HI

Title: VP ( ) Delete  
Name: HURST, KAREN MRS.  
Address: 3310 KILMER DR.  
City-St-Zip: PLANT CITY, FL 33566 HI

Title: T ( ) Delete  
Name: COLON, LOURDES MRS.  
Address: 6115 KESTRELPARK DR  
City-St-Zip: LITHIA, FL 33547 HI

Title: S ( ) Delete  
Name: TUDOR, CHRISTINE MRS.  
Address: 3330HOLLOW TREE DR.  
City-St-Zip: SEFFNER, FL 33566 HI

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: LOURDES COLON

TREA

02/15/2006

Electronic Signature of Signing Officer or Director

Date