

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009200

FILED
Apr 27, 2006
Secretary of State

Entity Name: POWERHOUSE GYMNASTICS PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

709 SAMMS AVE - STE E
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

709 SAMMS AVE - STE E
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 20-3798203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, MELANIE
709 SAMMS AVE - STE E
PORT ORANGE, FL 32129 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: D () Delete
Name: KING, MICHELLE
Address: 3756 LONG GROVE LN
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: WILSON, DEBBIE
Address: 4662 GOLDEN APPLES TR
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: PIGATO, RICH
Address: 2359 JERRY CIR
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: LYTWYN, LISA
Address: 1415 NEW BOLTON DR
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: FORD, MELANIE
Address: 709 SAMMS AVE - STE E
City-St-Zip: PORT ORANGE, FL 32129

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MEGGE, KELLY
Address: 1805 ARASH CIR
City-St-Zip: DAYTONA BEACH, FL 32129

Title: D (X) Change () Addition
Name: BARTON, ELLEN
Address: 5333 GEORGIA PEACH AVE
City-St-Zip: PORT ORANGE, FL 32128

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

Title: D () Change (X) Addition
Name: SWARTZ, DIRK
Address: 6124 JASMINE VINE DR
City-St-Zip: PORT ORANGE, FL 32129

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: DEBBIE WILSON

D

04/27/2006

Electronic Signature of Signing Officer or Director

Date