


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90079 025 ****61.25

DOCUMENT # N05000009200 1. Entity Name POWERHOUSE GYMNASTICS PARENTS ASSOCIATION, INC.			
Principal Place of Business 709 SAMMS AVE - STE E PORT ORANGE, FL 32129		Mailing Address 709 SAMMS AVE - STE E PORT ORANGE, FL 32129	
2. Principal Place of Business - No P.O. Box # 1725 S. NOVA RD Suite, Apt. #, etc. N-9		3. Mailing Address 1725 S. NOVA RD Suite, Apt. #, etc. N-9	
City & State South Daytona FL		City & State South Daytona FL	
Zip 32119		Zip 32119	
Country USA		Country USA	
4. FEI Number 20-3798203		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORD, MELANIE 709 SAMMS AVE - STE E PORT ORANGE, FL 32129		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City: FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 D NAME KING, MICHELLE STREET ADDRESS 3756 LONG GROVE LN CITY-ST-ZIP PORT ORANGE, FL 32129	<input checked="" type="checkbox"/> Delete	TITLE T NAME Shari Strauss STREET ADDRESS 69 Woodview Drive CITY-ST-ZIP Port Orange, FL 32129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME WILSON, DEBBIE STREET ADDRESS 4662 GOLDEN APPLES TR CITY-ST-ZIP PORT ORANGE, FL 32129	<input checked="" type="checkbox"/> Delete	TITLE B C NAME Kari Jones STREET ADDRESS 2262 Oriole Lane CITY-ST-ZIP South Daytona, FL 32119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D V NAME MEGGE, KELLY STREET ADDRESS 1805 ARASH CIR CITY-ST-ZIP DAYTONA BEACH, FL 32129	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D S NAME BARTON, ELLEN STREET ADDRESS 5333 GEORGIA PEACH AVE CITY-ST-ZIP PORT ORANGE, FL 32128	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FORD, MELANIE STREET ADDRESS 709 SAMMS AVE - STE E CITY-ST-ZIP PORT ORANGE, FL 32129	<input type="checkbox"/> Delete	TITLE D NAME SWARTZ, DIRK STREET ADDRESS 6124 JASMINE VINE DR CITY-ST-ZIP PORT ORANGE, FL 32129	<input type="checkbox"/> Delete
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: <u>Michelle King</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michelle King		Date: <u>1/29/07</u> Daytime Phone #: <u>(386) 788-0459</u>	