


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90182 028 ****61.25

DOCUMENT # N05000009200 1. Entity Name POWERHOUSE GYMNASTICS PARENTS ASSOCIATION, INC.					
Principal Place of Business 1725 S. NOVA RD N-9 PORT ORANGE, FL 32129			Mailing Address 1725 S. NOVA RD N-9 PORT ORANGE, FL 32129		
2. Principal Place of Business - No P.O. Box # 1725 S. NOVA Road		3. Mailing Address 1725 S. NOVA Rd.			
Suite, Apt. #, etc. N-9		Suite, Apt. #, etc. N-9			
City & State South Daytona, FL		City & State South Daytona, FL			
Zip 32119		Country Volusia		Zip 32119	
Country Volusia		Country Volusia			
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 Ford, Melanie Street Address (P.O. Box Number is Not Acceptable) 1725 S. NOVA Rd. N-9 City South Daytona FL Zip Code 32119		
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 <u><i>Melanie Ford</i></u> 4-24-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	T STRAUSS, SHARI <input checked="" type="checkbox"/> Delete 69 WOODVIEW DR PORT ORANGE, FL 32129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete JONES, KARI 2262 ORIOLE LANE SOUTH DAYTONA, FL 32119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Delete MEGGE, KELLY 1805 ARASH CIR DAYTONA BEACH, FL 32129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David Jones 3882 Sunset Cove Drive Port Orange, FL 32129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Delete BARTON, ELLEN 5333 GEORGIA PEACH AVE PORT ORANGE, FL 32128		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FORD, MELANIE 1725 S. NOVA RD UNIT N-9 SOUTH DAYTONA BEACH, FL 32119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SWARTZ, DIRK 6124 JASMINE VINE DR PORT ORANGE, FL 32129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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><i>Melanie Ford</i></u> 4-24-08 386.760.1445 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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