

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009200

FILED
Apr 22, 2009
Secretary of State

Entity Name: POWERHOUSE GYMNASTICS PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

1725 S. NOVA RD
N-9
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

1725 S. NOVA RD
N-9
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
1725 S NOVA RD
N-9
DAYTONA BEACH, FL 32119 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: T () Delete
Name: JONES, KARI
Address: 2262 ORIOLE LANE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: V () Delete
Name: JONES, DAVID
Address: 3882 SUNSET COVE DR
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: FORD, MELANIE
Address: 1725 S. NOVA RD UNIT N-9
City-St-Zip: SOUTH DAYTONA BEACH, FL 32119

Title: P () Delete
Name: SWARTZ, DIRK
Address: 6124 JASMINE VINE DR
City-St-Zip: PORT ORANGE, FL 32129

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 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: MELANIE FORD

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date