

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012243

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: GYM FUNATICS BOOSTER CLUB INC

**Current Principal Place of Business:**

8089 WYSOCKI CT.  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

8089 WYSOCKI CT.  
SPRING HILL, FL 34606

**New Mailing Address:**

FEI Number: 76-0830105      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

JESSIE, PATRICIA T  
8089 WYSOCKI CT.  
SPRING HILL, FL 34606      US

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: VPD      ( ) Delete  
Name: JONES, JOHN  
Address: 18340 THOMAS BLVD.  
City-St-Zip: HUDSON, FL

Title: PD      ( ) Delete  
Name: ZIEGLER, TRACI  
Address: 12424 BIG HORN CT  
City-St-Zip: NEW PORT RICHEY, FL

Title: TD      ( ) Delete  
Name: JESSIE, PATRICIA  
Address: 8089 WYSOCKI CT.  
City-St-Zip: SPRING HILL, FL 34606

Title: SD      (X) Delete  
Name: KNAPP, LISA  
Address: 8020 WOODBROOK CT.  
City-St-Zip: HUDSON, FL 34667

**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: PATRICIA T. JESSIE

T

06/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date