2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008
Secretary of State

DOCUMENT# N07000004894

Entity Name: TEAM FLORIDA GYMNASTICS, INC.

Current Principal Place of Business:

4287 LAFRANCE AVENUE
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

4287 LAFRANCE AVENUE
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 26-1961147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OAKS, DAVID K ESQ
407 EAST MARION AVENUE, SUITE 101
PUNTA GORDA, FL 33950 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: DP ( ) Delete
Name: STUENKEL, KATHY
Address: 4287 LAFRANCE AVENUE
City-St-Zip: NORTH PORT, FL 34286

Title: DV ( ) Delete
Name: ERICKSON, HEATHER
Address: 6925 NORTH FLORIDA AVE
City-St-Zip: TAMPA, FL 33604

Title: DS ( ) Delete
Name: PROA, SHELLY
Address: 501 CLEARVIEW DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: DT ( ) Delete
Name: OAKS, PATTI J
Address: 282 VICEROY TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33954

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: PATTI J. OAKS DT 02/14/2008

Electronic Signature of Signing Officer or Director — Date