

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010682

FILED  
Aug 26, 2009  
Secretary of State

**Entity Name:** STARS GYMNASTICS OF TAMPA BOOSTER CLUB, INC.

**Current Principal Place of Business:**

3702 BEACH STREET  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

3124 WAVERLY PARK  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 26-4018007      **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:**

LOPEZ, LOUISE  
3124 WAVERLY PARK  
TAMPA, FL 33629      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: P      ( ) Delete  
Name: TAYLOR, ALICIA  
Address: 17525 EDINBURGH DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: VP      ( ) Delete  
Name: REISWIG, LUCINDA  
Address: 15730 CEDAR ELM TERRACE  
City-St-Zip: LAND O LAKES, FL 34638

Title: T      ( ) Delete  
Name: LOPEZ, LOUISE  
Address: 3124 WAVERLY PARK  
City-St-Zip: TAMPA, FL 33629

Title: S      (X) Delete  
Name: VALENTI, LAUREN  
Address: 4900 W. SAN NICHOLAS STREET  
City-St-Zip: TAMPA, FL 33629

**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: LOUISE LOPEZ

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08/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date