

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 21 AM 9:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N15774 (5)

1. Corporation Name

ARTISTIC GYMNASTICS TEAM BOOSTER CLUB, INCORPORATED

Principal Place of Business

Mailing Address

**2720 CENTER PLACE
MELBOURNE FL 32940**

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MELBOURNE FL 32940**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/09/1986** 3a. Date of Last Report **05/01/1994**

4. FBI Number **59-2797843** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OPPELT, JANICE
421 MINOR AVE. NE
PALM BAY FL 32907**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V**
NAME **BOCKMAN, BOBBIE**
STREET ADDRESS **880 PEREGRINE DR.**
CITY-ST-ZIP **INDIALANTIC FL 32903**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **BOCKMAN, BOBBIE**
1.3 STREET ADDRESS **880 Peregrine Dr**
1.4 CITY-ST-ZIP **Indialantic, FL 32903**

TITLE **S**
NAME **LARSON, SUSIE**
STREET ADDRESS **4430 EL DORADO WAY**
CITY-ST-ZIP **MELBOURNE FL 32934**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **LARSON, SUSIE**
2.3 STREET ADDRESS **4430 El Dorado Way**
2.4 CITY-ST-ZIP **Melbourne, FL 32934**

TITLE **T**
NAME **WURTZEL, LINDA**
STREET ADDRESS **600 TORTOISE WAY**
CITY-ST-ZIP **SATELLITE BCH. FL 32937**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **OPPELT, JANICE**
3.3 STREET ADDRESS **421 Minor Ave NE**
3.4 CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE **P**
NAME **OPPERT, JANICE**
STREET ADDRESS **421 MINOR AVE. NE**
CITY-ST-ZIP **PALM BAY FL 32907**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **WURTZEL, LINDA**
4.3 STREET ADDRESS **600 Tortoise Way**
4.4 CITY-ST-ZIP **Satellite Beach, FL 32937**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Linda Wurtzel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/95
Date

242-3310
Telephone Number