

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N15774 (5)  
1. Corporation Name

ARTISTIC GYMNASTICS TEAM BOOSTER CLUB, INCORPORATED

Principal Place of Business Mailing Address  
2720 Center Place 2720 Center Place  
Melbourne, FL 32940 Melbourne, FL 32940

3. Date Incorporated or Qualified 07/09/1986 3a. Date of Last Report 04/21/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2797843	Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

OPPELT, JANICE  
421 Minor Ave., NE  
Palm Bay, FL 32907

10. Name and Address of New Registered Agent

81 Name	JANICE OPPELT
82 Street Address (P.O. Box Number is Not Acceptable)	2720 Center Place
83	
84 City	Melbourne
85 Zip Code	FL 32940

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

Janice Oppelt

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	D <input checked="" type="checkbox"/> DELETE	11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCKMAN, BOBBIE	12 NAME	MIHLEBACH, LIANE
STREET ADDRESS	880 PEREGRINE DR.	13 STREET ADDRESS	5195 PALM DR
CITY - ST - ZIP	INDIALANTIC, FL	14 CITY - ST - ZIP	MELBOURNE BEACH, FL
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, SUSIE	22 NAME	
STREET ADDRESS	4430 EL DORADO WAY	23 STREET ADDRESS	200001808702
CITY - ST - ZIP	MELBOURNE, FL	24 CITY - ST - ZIP	-05/06/96--01027--027
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPPELT, JANICE	32 NAME	
STREET ADDRESS	421 MINOR AVENUE NE	33 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY, FL	34 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	41 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WURTZEL, LINDA	42 NAME	HEIER, DEBBIE
STREET ADDRESS	600 TORTOISE WAY	43 STREET ADDRESS	641 NIGHTENGAL DR
CITY - ST - ZIP	SATELLITE BEACH, FL	44 CITY - ST - ZIP	INDIALANTIC, FL
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(k), 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:

*Janice Oppelt*

JANICE OPPELT

(407) 242-3310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)