

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20450

FILED
Apr 02, 2004
Secretary of State

Entity Name: HORIZON GYMNASTICS BOOSTER CLUB, INC.

Current Principal Place of Business:

C/O SHELLY PAULL
285 ADALIA TERRACE
PORT CHARLOTTE, FL 33953

Current Mailing Address:

C/O SHELLY PAULL
285 ADALIA TERRACE
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

C/O SHELLY PROA
285 ADALIA TERRACE
PORT CHARLOTTE, FL 33953

New Mailing Address:

C/O SHELLY PROA
285 ADALIA TERRACE
PORT CHARLOTTE, FL 33953

FEI Number: 59-2395964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OAKS, DAVID K
407 E MARION AVENUE
101
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

PROA, SHELLY A
285 ADALIA TERRACE
PORT CHARLOTTE, FL 33953 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: SHELLY PROA

04/02/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PAULL, SHELLY,
Address: 501 CLEARVIEW DR
City-St-Zip: PORT CHARLOTTE, FL

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

Title: D () Delete
Name: WYNN, LOUISE
Address: 390 BORDER ST.
City-St-Zip: PORT CHARLOTTE, FL 33953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PROA, SHELLY
Address: 501 CLEARVIEW DR
City-St-Zip: PORT CHARLOTTE, FL

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 for the exemption stated in Section 119.07(3)(i), 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: SHELLY PROA

D

04/02/2004

Electronic Signature of Signing Officer or Director

Date