

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 23 PH 12: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N29326 (8)**  
1. Corporation Name  
**CENTRAL FLORIDA GYMNASTICS ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**PO BOX 161543 ALTAMONTE SPRINGS FL 32716-1543**

3. Date Incorporated or Qualified **11/16/1988** 3a. Date of Last Report **04/19/1994**  
4. FEI Number **59-2950291** 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 Suits, Apt. #, etc. 25 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**WHITLOW, SUSAN M  
119 N SUMMERLIN AVE  
SANFORD FL 32716-8543**

10. Name and Address of New Registered Agent  
81 Name **Linda Beathard**  
82 Street Address (P.O. Box Number is Not Acceptable) **515 Balsawood Ct.**  
83  
84 City **Altamonte Springs** FL 85 Zip Code **32714**

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 607.0502, Florida Statutes.

SIGNATURE *Linda Beathard, Treasurer* DATE **3/4/95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>MACINTYRE, SCOTT</b>
STREET ADDRESS	<b>4401 LENMORE ST</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>VD</b>
NAME	<b>WHITLOW, SUSAN M</b>
STREET ADDRESS	<b>119 N SUMMERLIN AVE</b>
CITY-ST-ZIP	<b>SANFORD FL</b>
TITLE	<b>SD</b>
NAME	<b>MITCHELL, SUSAN</b>
STREET ADDRESS	<b>1327 AMERICAN ELM DR</b>
CITY-ST-ZIP	<b>ALTAMONTE SPGS FL</b>
TITLE	<b>TD</b>
NAME	<b>BEATHARD, LINDA</b>
STREET ADDRESS	<b>515 BALSABOOD CT</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Rich Wolken</b>
2.3 STREET ADDRESS	<b>1151 Arden St.</b>
2.4 CITY-ST-ZIP	<b>Longwood, FL 32750</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SD</b>
3.3 STREET ADDRESS	<b>Fran Brander</b>
3.4 CITY-ST-ZIP	<b>707 Red Wing Dr Lake Mary, FL 32746</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 addition.

SIGNATURE: *Linda Beathard* DATE **3/4/95** (401) 323-2110  
Signature and typed or printed name of signing officer or director