

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



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

3. Date Incorporated or Qualified **11/16/1988** 3a. Date of Last Report **03/23/1995**
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**
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

BEATHARD, LINDA
515 BALSABWOOD CT
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name **Deborah B. Crupe**
82 Street Address (P.O. Box Number is Not Acceptable) **102 Cumberland Circle, E.**
83
84 City **Longwood** **FL** 85 Zip Code **32779**

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.

SIGNATURE *Deborah B. Crupe*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MACINTYRE, SCOTT	
STREET ADDRESS	4401 LENMORE ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WOLKEN, RICH	
STREET ADDRESS	1151 ARDEN ST	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BEATHARD, LINDA	
STREET ADDRESS	515 BALSABWOOD CT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jackie Williams	
1.3 STREET ADDRESS	170 Willow Creek Cove	
1.4 CITY-ST-ZIP	Longwood, FL 32750	
2.1 TITLE	Vice President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Deborah Nelson	
2.3 STREET ADDRESS	320 White Oak Circle	
2.4 CITY-ST-ZIP	Maitland, FL 32751	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Deborah B. Crupe	
3.3 STREET ADDRESS	102 Cumberland Circle, E.	
3.4 CITY-ST-ZIP	Longwood, FL 32779	
4.1 TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Frances C. Brender	
4.3 STREET ADDRESS	707 Red Wing Drive	
4.4 CITY-ST-ZIP	Lake Mary, FL 32746	
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 address.

SIGNATURE: *Frances C. Brender* (Secretary) 4-9-96 407-330-2333
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)