

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29326** (8)

1. Corporation Name

CENTRAL FLORIDA GYMNASTICS ASSOCIATION, INC.

Principal Place of Business PO BOX 161543 ALTAMONTE SPRINGS FL 32716-1543	Mailing Address PO BOX 161543 ALTAMONTE SPRINGS FL 32716-1543
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3. Date Incorporated or Qualified 11/16/1988	3a. Date of Last Report 04/23/1996
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2950291	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEBORAH B. CRUPE
102 CUMBERLAND CIRCLE, E.
LONGWOOD FL 32779

81 Name Karen Kelly	82 Street Address (P.O. Box Number is Not Acceptable) 505 Sabal Lake Street, #107
83	
84 City Longwood	85 Zip Code FL 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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE *Karen Kelly* **Karen Kelly** **2/17/97**
Signature must be printed name of registered agent and date of applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JACKIE WILLIAMS		1.2 NAME Karen Kelly	
STREET ADDRESS 170 WILLOW CREEK COVE		1.3 STREET ADDRESS 505 Sabal Lake Street, #107	
CITY-ST-ZIP LONGWOOD FL		1.4 CITY-ST-ZIP Longwood, FL 32779	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEBORAH NELSON		2.2 NAME	
STREET ADDRESS 320 WHITE OAK CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP MAITLAND FL		2.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEBORAH B CRUPE		3.2 NAME	
STREET ADDRESS 102 CUMBERLAND CIRCLE, E.		3.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL		3.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FRANCES C. BRENDER		4.2 NAME Barbara Wain	
STREET ADDRESS 707 RED WING DRIVE		4.3 STREET ADDRESS 1013 High Point Loop	
CITY-ST-ZIP LAKE MARY FL		4.4 CITY-ST-ZIP Longwood, FL 32750	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Deborah B. Crupe* **Deborah B. Crupe** **3/21/97** **407/425-3591**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013279

CR2E037 (9/96)