


# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N29326</b> 1. Entity Name <b>CENTRAL FLORIDA GYMNASTICS ASSOCIATION, INC.</b>	
---	---

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 18 PM 4:30

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

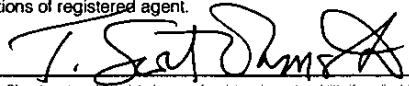


2. Principal Place of Business	3. Mailing Address	07122005 Chg-NP CR2E037 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

4. FEI Number <b>59-2950291</b>	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent  <b>MARTIN, BARB</b> 3791 BRANTLY PLACE CIRCLE APOPKA, FL 32703	7. Name and Address of New Registered Agent Name <b>Thomas Scott Ohmstede</b> Street Address (P.O. Box Number is Not Acceptable) <b>5877 Autumn Chase Circle</b> City <b>Sanford</b> FL Zip Code <b>32773</b>
---	---

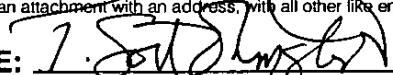
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **T. Scott Ohmstede** **TRES.** **7/12/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
------------------------------	---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	NAME MARTIN, BARB	TITLE SEC.	NAME Carol Nagengast
	STREET ADDRESS 3791 BRANTLY PLACE CIRCLE		STREET ADDRESS 1773 Holland Ct
	CITY-ST-ZIP APOPKA, FL 32703		CITY-ST-ZIP Longwood, FL 32779
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP	NAME SMITH, BRYAN	TITLE Director	NAME Barbara Sorenson
	STREET ADDRESS 1818 WINDSOR OAK DR		STREET ADDRESS 5250 Michigan Ave
	CITY-ST-ZIP APOPKA, FL 32703		CITY-ST-ZIP Sanford FL 32771
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PC	NAME CARTER, TERESA	TITLE TRES.	NAME Thomas S. Ohmstede
	STREET ADDRESS 3530 SHIRLEY DR		STREET ADDRESS 5877 Autumn Chase Circle
	CITY-ST-ZIP APOPKA, FL 32703		CITY-ST-ZIP Sanford, FL 32773
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T	NAME GUENTHER, DEBBIE	TITLE VP	NAME Melissa Baker
	STREET ADDRESS 306 OAK HILL DRIVE		STREET ADDRESS 209 Capri Cove Place
	CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP Sanford, FL 32771
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		900057801289 07/22/05--01062--003 **\$61.25	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **TRES.** **T.S. Ohmstede** **7/12/05** **407-435-2488**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #