

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29326

FILED
Apr 24, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA GYMNASTICS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 161543
ALTAMONTE SPRINGS, FL 327161543

New Principal Place of Business:

901 CENTRAL PARK DRIVE
SANFORD, FL 32771

Current Mailing Address:

PO BOX 161543
ALTAMONTE SPRINGS, FL 327161543

New Mailing Address:

901 CENTRAL PARK DRIVE
SANFORD, FL 32771

FEI Number: 59-2950291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, MELISSA
209 CAPRI COVE PLACE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SORENSON, BARBARA
Address: 5250 MICHIGAN AVENUE
City-St-Zip: SANFORD, FL 32771

Title: P () Delete
Name: BAKER, MELISSA
Address: 209 CAPRI COVE PLACE
City-St-Zip: SANFORD, FL 32771

Title: T () Delete
Name: PETERSON, MICHELE
Address: 993 ELM STREET
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PICKENS, DEANNA
Address: 156 STEEPLECHASE CIR
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BARBARA SORENSON

D

04/24/2007

Electronic Signature of Signing Officer or Director

Date