NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State
02-06-2003 90099 042 ****61.25

DOCUMENT # N29326

1. Entity Name

Central Florida Gymnastics Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 161543	P.O. Box 161543
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32716-1543 Country:	Zip: 32716-1543 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2950291 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Gray, Judy

Street Address (P.O. Box Number is Not Acceptable): 2825 Nicholas Lane

City: Apopka FL Zip Code: 32703

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.

SIGNATURE: Judy Gray Judy Gray, Vice President 12/23/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Susan Phipps
STREET ADDRESS	304 Green Oak Ct.
CITY-ST-ZIP	Longwood, FL 32779
TITLE	VD
NAME	Judy Gray
STREET ADDRESS	2825 Nicholas Lane
CITY-ST-ZIP	Apopka, FL 32703
TITLE	T
NAME	Laurie Hardiman
STREET ADDRESS	620 Timberwolf Tr.
CITY-ST-ZIP	Apopka, FL 32712
TITLE	SD
NAME	Jeanetta Dibble
STREET ADDRESS	2014 Kewannee Trail
CITY-ST-ZIP	Casselberry, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	**DO NOT WRITE**
TITLE	**IN THIS SPACE**
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Laurie Hardiman Laurie Hardiman, Tres. 12/23/02 407-880-8744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Attachment # N29826
30029507

000295

DOCUMENT # N29326

1. Entity 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

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2950291 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRAY, JUDY 2825 NICHOLAS LN APOPKA FL 32703	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE Judy Gray JUDY GRAY PRES. 05-10-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
				☐ Change ☐ Addition
TITLE	PD	☐ Delete	TITLE	
NAME	GRAY, JUDY		NAME	
STREET ADDRESS	2825 NICHOLAS LN		STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP	
				☐ Change ☒ Addition
TITLE	VD	☒ Delete	TITLE	VD
NAME	HYDE, DEBBIE		NAME	SUSAN PHIPPS
STREET ADDRESS	1350 E OHIO AVE		STREET ADDRESS	304 GREEN OAK CT
CITY-ST-ZIP	LAKE HELEN FL 32744		CITY-ST-ZIP	LONGWOOD, FL 32779
				☐ Change ☐ Addition
TITLE	T	☐ Delete	TITLE	
NAME	STUMP, DAVID		NAME	
STREET ADDRESS	607 THUNDER TR		STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751		CITY-ST-ZIP	
				☐ Change ☐ Addition
TITLE	SD	☐ Delete	TITLE	
NAME	MORTENSEN, KATHLEEN		NAME	
STREET ADDRESS	487 MCCRAKEN RD		STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL 32744		CITY-ST-ZIP	
				☐ Change ☐ Addition
TITLE		☐ Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
				☐ Change ☐ Addition
TITLE		☐ Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E037 (10/00)

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.

Judy Gray JUDY GRAY PRES 04-10-01 407-628-4744

Daytime Phone #