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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47559 (2)

1. Corporation Name
ALLSTAR GYMNASTICS BOOSTER CLUB, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1640 S 8TH ST FERNANDINA BEACH FL 32034	1640 S 8TH ST FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified: 02/25/1992
3a. Date of Last Report: 08/02/1994
4. FEI Number: 59-3164300 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COLLUPY, SHARON L.
1640 S. 8TH ST.
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

31 Name: BROWN, BRENDA
32 Street Address (P.O. Box Number Is Not Acceptable): 1640 S. 8th St.
33
34 City: FERNANDINA Beach, FL 35 Zip Code: 32034

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP ☑ Change ☐ Addition
NAME	COLLUPY, SHARON	1.2 NAME	BROWN BRENDA
STREET ADDRESS	P. O. BOX 1272 N/A	1.3 STREET ADDRESS	1631 Ocean Forest DR.
CITY-ST-ZIP	YULEE FL	1.4 CITY-ST-ZIP	FERNANDINA Beach, FL
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, BRENDA	2.2 NAME	delete
STREET ADDRESS	1631 OCEAN FOREST DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDIANA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	SYNDER, MARY	3.2 NAME	
STREET ADDRESS	1899 SPRINGBROOD RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH. FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	DT ☑ Change ☐ Addition
NAME	PAULEY, CHUCK	4.2 NAME	Lisa Teal
STREET ADDRESS	2444 PALM CIR., SO.	4.3 STREET ADDRESS	3602 Via Del Mar Rd
CITY-ST-ZIP	FERNANDINA BEACH FL	4.4 CITY-ST-ZIP	FERNANDINA Beach, FL 32034
TITLE	DS	5.1 TITLE	☐ Change ☐ Addition
NAME	PAULEY, KIM	5.2 NAME	delete
STREET ADDRESS	2444 PALM CIR., SO.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH. FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: Mary Snyder MARY SNYDER 3/08/95 (904)-261-3627
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

COLUMN