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Apr 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N47559 (2)
1. Corporation Name
ALLSTAR GYMNASTICS BOOSTER CLUB, INCORPORATED



Principal Place of Business Mailing Address
BENNETT, RHONDA
1640 S. 8TH ST.
FERNANDINA BEACH FL 32034
US

2. Principal Place of Business 2a. Mailing Address
21 WILCOX ANITA 26 WILCOX ANITA
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 02/25/1992 3a. Date of Last Report 05/17/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STUBITS, DONNA
1640 S. 8TH ST.
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name ANITA WILCOX
82 Street Address (P.O. Box Number is Not Acceptable) 4292 CALHOUN WAY
83
84 City FERNANDINA BEACH FL 85 Zip Code 32034

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Anita Wilcox ANITA WILCOX TREASURER 1/30/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	STUBITS, DONNA	4044 CAPTAIN'S WAY	AMELIA ISLAND FL 32034	<input checked="" type="checkbox"/>
DS	BARRETT, BELINDA	17345 ELSINORE DRIVE	JACKSONVILLE FL 32226	<input type="checkbox"/>
DT	BENNETT, RHONDA	13019 LANIER ROAD	JACKSONVILLE FL 32226	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DP	ANGULEWICZ, JOHN	2105 WINDSOR ST.	ST. MARYS, GA. 31558	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
DT	WILCOX, ANITA	4292 CALHOUN WAY	FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: Anita Wilcox ANITA WILCOX 1/30/97 (904) 261-9000

CR2E037 (9/96)