

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:09

DOCUMENT # N94000001454 (7)

1. Corporation Name

ACADEMY OF ELITE GYMNASTICS AND DANCE BOOSTER CL
UB, INC.

Principal Place of Business

118 WEST GRANT STREET
SUITE G
ORLANDO FL 32806

Mailing Address

118 WEST GRANT STREET
SUITE G
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/22/1994

3a. Date of Last Report

4. FEI Number

59-3201865

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAY, K R
111 N ORANGE AVENUE
SUITE 1800
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

83

84 City

FL

85 Zip Code

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 obligation, in 607.0502, Florida Statutes.

SIGNATURE

Signature of person

of registered agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Patrick D. Callahan (D)
11866 Hart Ford Shire Way
Orlando, FL 32824

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
(D)
Patricia G. Leli
2444 Chantilly Terr.
Orlando, FL 32765

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
(D)
Janice A. Gay
4839 Murray Lee Lane
Orlando, FL 32806-7827

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
President (P)
Patrick D. Callahan
11866 Hart Ford Shire Way
Orlando, FL 32824

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Vice President (V)
Patricia G. Leli
2444 Chantilly Terr
Orlando, FL 32765

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Secretary (S)
Janice A. Gay
4839 Murray Lee Lane
Orlando FL 32806-7827

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Treasurer (T)
Caryn V. Quirk
4029 Teriwood Ave
Orlando FL 32812

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Caryn V. Quirk Treasurer 4/30/95

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARYN V. QUIRK

407 857-2121

Payable to State