

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001454 (7)

1. Corporation Name

ACADEMY OF ELITE GYMNASTICS AND DANCE BOOSTER CLUB, 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**

3. Date Incorporated or Qualified
03/22/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3201865

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(2004) Registered Agent Signature required when transferring

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|--------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | CALLAHAN, PATRICK D | |
| STREET ADDRESS | 11866 HARTFORD SHIRE WAY | |
| CITY - ST - ZIP | ORLANDO FL | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | LELI, PATRICIA G | |
| STREET ADDRESS | 2444 CHANTILLY TERR | |
| CITY - ST - ZIP | OVIEDO FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | GAY, JANICE A | |
| STREET ADDRESS | 4839 MURRAY LEE LANE | |
| CITY - ST - ZIP | ORLANDO FL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | QUIRK, CARYN V | |
| STREET ADDRESS | 4029 TERIWOOD AVE | |
| CITY - ST - ZIP | ORLANDO FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|---------------------|--------------------------|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Lisa Griggs | |
| 1.3 STREET ADDRESS | 5106 Creusot Ct. | |
| 1.4 CITY - ST - ZIP | Orlando, FL 32839 | |
| 2.1 TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Regina Cassady | |
| 2.3 STREET ADDRESS | 4042 Conway Place Circle | |
| 2.4 CITY - ST - ZIP | Orlando, FL 32812 | |
| 3.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Pamela George | |
| 3.3 STREET ADDRESS | 4084 Conway Place Circle | |
| 3.4 CITY - ST - ZIP | Orlando, FL 32812 | |
| 4.1 TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Charles Schandel | |
| 4.3 STREET ADDRESS | 3859 Oyster Ct. | |
| 4.4 CITY - ST - ZIP | Orlando, FL 32812 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 119.07(3)(k), 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:

Charles E. Schandel

CHARLES E. SCHANDEL

4/4/96

(407) 825-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)