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Mar 02 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

4. FEI Number

59-3201865

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **GRIGGS, LISA**
STREET ADDRESS **5106 CREUSOT COURT**
CITY-ST-ZIP **ORLANDO FL**

TITLE **VPD** ☒ DELETE

NAME **DISTASIO, EUGENE**
STREET ADDRESS **3046 WOOLRIDGE DR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **S** ☒ DELETE

NAME **SWINDERMAN, TRACEY**
STREET ADDRESS **5900 VILLAGE CIR., BOX 31**
CITY-ST-ZIP **ORLANDO FL**

TITLE **TD** ☒ DELETE

NAME **SCHANDEL, CHARLES**
STREET ADDRESS **1259 OYSTER CIRCLE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **PD** ☐ DELETE

NAME **Joe Ferguson**
STREET ADDRESS **3811 March Ave.**
CITY-ST-ZIP **Orl., FL 32806**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Willetta Barr**
1.3 STREET ADDRESS **2298 Sofia Ln**
1.4 CITY-ST-ZIP **Orlando, FL 32812**

2.1 TITLE **VPD** ☐ Change ☐ Addition

2.2 NAME **SANDY HOFFMAN**
2.3 STREET ADDRESS **3554 Molona Dr**
2.4 CITY-ST-ZIP **Orlando FL 32837**

3.1 TITLE **S** ☐ Change ☐ Addition

3.2 NAME **LeBlanc Ruth**
3.3 STREET ADDRESS **3810 Lk Margaret Dr**
3.4 CITY-ST-ZIP **Orlando FL**

4.1 TITLE **TD** ☐ Change ☐ Addition

4.2 NAME **Alberson, Denys**
4.3 STREET ADDRESS **3332 Manika Circle**
4.4 CITY-ST-ZIP **Orlando, FL 32812**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

Sandra Hoffman

SANDY HOFFMAN 2/2/98 4034382998

CR2E037 (10/97)