

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90204 021 ****61.25

DOCUMENT # N94000001454

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/22/1994

4. FEI Number

59-3201865

Applied For

- Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name PATRICK CALLAHAN
82 Street Address (P.O. Box Number is Not Acceptable)
11866 HARTFORDSHIRE WAY
83
84 City ORLANDO FL 85 Zip Code 32824

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

4-13-99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BARR, WOJETA	
STREET ADDRESS	2298 SOFIA LN	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, SANDY	
STREET ADDRESS	3556 MOLONA DR	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LEBLANC, RUTH	
STREET ADDRESS	3810 LK MARGARET DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ALBERSON, DENYS	
STREET ADDRESS	3332 MONIKA CIR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FERGUSON, JOE	
STREET ADDRESS	3811 MARCH AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANGELA PRICE	
1.3 STREET ADDRESS	7447 VICTORIA CIRCLE	
1.4 CITY-ST-ZIP	ORLANDO FL 32835	
2.1 TITLE	VICE PRESIDENT VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AIMEE JOHNSON	
2.3 STREET ADDRESS	3201 CHELSEA STREET	
2.4 CITY-ST-ZIP	ORLANDO FL 32803	
3.1 TITLE	SECRETARY SP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLETTA BARR	
3.3 STREET ADDRESS	2298 SOFIA LANE	
3.4 CITY-ST-ZIP	ORLANDO, FL 32812	
4.1 TITLE	TREASURER TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JANICE GAY	
4.3 STREET ADDRESS	4839 MURRAY LEE LANE	
4.4 CITY-ST-ZIP	ORLANDO, FL 32806	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-13-99

Date

407-851-7614

Daytime Phone #

CR2E037 (11/98)