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Jan 21 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 # N94000002804 (2)

1. Corporation Name

MIAMI FOUNDATION FOR THE SUPPORT OF AMATEUR GYMNASTICS COMPETITION, INC.

Principal Place of Business

12422 SW 117TH COURT  
MIAMI FL 33186

Mailing Address

12422 SW 117TH COURT  
MIAMI FL 33186-5210



3. Date Incorporated or Qualified  
06/06/1994

3a. Date of Last Report  
05/01/1996

4. FEI Number  
65-0508086

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

BUXTON, KERRY  
16800 SW 192 STREET  
MIAMI FL 33187

10. Name and Address of New Registered Agent

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	D	<input checked="" type="checkbox"/> DELETE
NAME	RUDOLF, JERRY	
STREET ADDRESS	13255 SW 98TH PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	DE LA TORRE, TANIA	
STREET ADDRESS	11230 SW 117 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BUXTON, KERRY	
STREET ADDRESS	16800 SW 192 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	CONGER, BETTY	
STREET ADDRESS	16927 SW 79 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EYLERTS, KIRSTEN	
1.3 STREET ADDRESS	13705 S.W. 110 CT.	
1.4 CITY-ST-ZIP	MIAMI, FL 33176	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BUTTS, LISA	
2.3 STREET ADDRESS	11537 S.W. 117 CT	
2.4 CITY-ST-ZIP	MIAMI, FL 33186	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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: *Kirsten Eylerts* KIRSTEN EYLERTS 1/8/97 (305) 251-7591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0027991

CR2E037 (9/96)