## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9400003652

1. Corporation Name

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Zip

City & State

APOULO GYMNASTICS BOOSTERS, INC.

Country

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APOLLO GIIVIIAGIIOS DOOG	STERIO, INC.						
Principal Place of Business	Mailing Address						
2140 RANGE RD. UNIT G CLEARWATER FL 34625	2140 RANGE RD. UNIT G CLEARWATER FL 34625						
Principal Place of Business     1	2a. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						

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Zip

City & State -



03-23-1999 90050 002 \*\*\*\*61.25

|--|--|--|--|--|--|--|--|--|

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

07/22/1994

59-3269875

4. FEI Number

9. Name and Address of Current Registered Agent					10.	Name and	Address of N	lew Registered	Agent		<del></del>	
			81	Name								
BISHOP, KARL L			82	82 Street Address (P.O. Box Number is Not Acceptable)								
2140 RANG	GE RD.		99									
UNIT G			83									
CLEARWA"	TER FL 34625		84	City					85	Zip Co	de	
								FL				
office or ri	to the provisions of Sections 617.0502 and 617.1508 egistered agent, or both, in the State of Florida. Suct m familiar with, and accept the obligations of, Section	i change was auth	onzea by	ипе согра	corporatio oration's b	n submits this oard of directo	statement to ors. I hereby	r the purpose o accept the appo	t cnangii intment	ng its re as regi:	stered	
SIGNATURE	Add to the second	AVOTE: Pa	nistered Aces	f cianature r	nertw berupe	reinstation)		DATE			i	
12.	Signature, typed or printed name of registered agent and title if applicabl  OFFICERS AND DIRECTORS		13.	r signature i			CHANGES TO	OFFICERS A	ND DIRE	CTOR	S IN 12	
TITLE		DELETE	1.1 TITLE		M				[] Ch	ange	Addition	
	D PROHADD I		1.2 NAME			BISHO	P				1	
NAME	FULK, RICHARD J		1.3 STREET	, vuudesse		RANGE		1N IT 6-			1	
STREET ADDRESS	1351 DOROTHY DRIVE				CLEA	a JATED	FL 33	765-212	7		Ì	
CITY-ST-ZIP	CLEARWATER FL 33764	□ DELETE	1.4 CITY-S	1-2P		100-110-0		100	[7] Ch.	ange	☐ Addition	
TITLE	D	DOCTOR							<b>—</b> ·	-		
NAME	BLITCH, DAVID		2.2 NAME		ĺ							
STREET ADDRESS	13521 INDIAN OAKS TR.		2.3 STREET	ADDRESS							1	
CITY-ST-ZIP	LARGO FL 33774		2.4 CITY-S	T-ZIP					[] Ch		☐ Addition	
TITLE	0	DELETE	3.1 TITLE	_	_					ariye	L) Addition	
NAME	BLITCH, NANCY		3.2 NAME		_						}	
STREET ADDRESS	13521 INDIAN OAKS TR.		3.3 STREET	ADDRESS	}						{	
CITY-ST-ZIP	LARGO FL 33774		3.4. CITY - S	T-ZIP					===		□ 4 44'sta	
חוזב		☐ DELĒTE	4.1 TITLE		}				□ Ch	ange	Addition	
NAME .			4.2 NAME		ļ						1	
STREET ADDRESS			4.3 STREE	FADDRESS	]						1	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP								
TITLE		DELETE	5.1 TITLE		]				Ch	ange	Addition	
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREE	( ADDRESS	]						]	
CITY-ST-ZIP	<u>-</u> <u>-</u>		5.4 CITY-S	T-ZIP								
TITLE		DELETE	6.1 TITLE						CH	ange	Addition	
NAME			6.2 NAME								{	
STREET ADDRESS			6.3 STREE	T ADDRESS	}						}	
CITY-ST-ZIP			6.4 CITY-S		Ļ <u> </u>				45.41	(A) - 1 4	in-alian	
14. I hereby	certify that the information supplied with this filing do	es not qualify for th	e exempt	ion state t my sigr	d in Section Lature shal	n 119.07(3)(i) Il have the sa	), Florida Stat me legal effe	utes. I further co xt as if made un	eriity tha der oath	t the int	omtation am	

Country

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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:

**SEQUIRED** 

MAR 17, 1999

727.447.2108

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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