

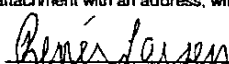


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90275 004 ****61.25

DOCUMENT # N96000004636 1. Entity Name HARBOR CITY GYMNASTIC BOOSTER CLUB, INC.			
Principal Place of Business 2720 CENTER PLACE MELBOURNE, FL 32940 US		Mailing Address 2720 CENTER PLACE MELBOURNE, FL 32940 US	
2. Principal Place of Business 2882 MARIAH DR. Suite, Apt. #, etc.		3. Mailing Address 2882 MARIAH DR. Suite, Apt. #, etc.	
City & State MELBOURNE, FL		City & State MELBOURNE, FL	
Zip 32940 Country USA		Zip 32940 Country USA	
4. FEI Number 59-3402892		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRENNAN, WILLIAM 1129 PEACOCK AVE. NE PALM BAY, FL 32907		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRENNAN, WILLIAM 1129 PEACOCK AVE NE PALM BAY, FL 32907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORREIA, PATTY 300 CARMEL DR MELBOURNE, FL 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RENEE LARSEN 4652 CANARD RD. MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRIETER, THERESA 1115 HORIZON CT MERRITT ISLAND, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAIL, LAUREN 480 NEPTUNE DRIVE PALM BAY, FL 32907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IMOGENE BURNS 570 INVERNESS AVE. MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONA BAIUNCO 1284 CYPRESS TRACE DR. MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  RENEE LARSEN			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date 2-11-05 Daytime Phone # (321) 752-9666			