
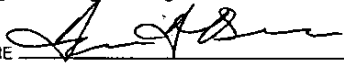
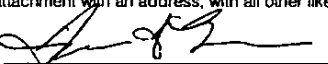


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90149 005 ****61.25

DOCUMENT # N96000004636 1. Entity Name HARBOR CITY GYMNASTIC BOOSTER CLUB, INC.					
Principal Place of Business 2882 MARIAH DR MELBOURNE, FL 32940 US			Mailing Address 2882 MARIAH DR MELBOURNE, FL 32940 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3402892					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRENNAN, WILLIAM 1129 PEACOCK AVE. NE PALM BAY, FL 32907			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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:  <u>William F. Brennan</u> <u>3/29/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD BRENNAN, WILLIAM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRENNAN, WILLIAM		NAME		
STREET ADDRESS	1129 PEACOCK AVE NE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32907		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSEN, RENEE		NAME		
STREET ADDRESS	4652 CABARD RD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRIETER, THERESA		NAME	S Janine Billheimer	
STREET ADDRESS	1115 HORIZION CT		STREET ADDRESS	4270 Stoney Point Road	
CITY-ST-ZIP	MERRITT ISLAND, FL		CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	V <input type="checkbox"/> Delete		TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNS, IMOGENE		NAME	Nancy Rowan	
STREET ADDRESS	570 INVERNESS AVE		STREET ADDRESS	7746 Windover Way	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	Titusville, FL 32780	
TITLE	S <input type="checkbox"/> Delete		TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAJUNCO, MONA		NAME	Bajunco, Mona	
STREET ADDRESS	1284 CYPRESS TRACE DR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <u>William F. Brennan</u> <u>3/29/06</u> <u>321-867-8718</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					