

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 08, 2007
Secretary of State

DOCUMENT# N96000004765

Entity Name: GYM FORCE GYMNASTICS BOOSTERS ASSOCIATION, INC.**Current Principal Place of Business:**2855 INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301**New Principal Place of Business:****Current Mailing Address:**2855 INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301**New Mailing Address:****FEI Number:** 59-3399975**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**STANDRIFF, KEVIN
2855 INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSLUND, SHELLY
Address: 2956 COMPTON WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD () Delete
Name: MCMILLIAN, SUNDAE
Address: 3802 PINEY GROVE DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: VD () Delete
Name: CARSON, LISA
Address: 233 ROSE HILL DR NORTH
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD () Delete
Name: STOWERS, ALISON
Address: 1927 VINELAND LANE
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FENTON, KEVIN
Address: 730 HI LO WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUNDAE MCMILLAN

TD

11/08/2007

Electronic Signature of Signing Officer or Director

Date