

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004765

FILED
Apr 26, 2009
Secretary of State

Entity Name: GYM FORCE GYMNASTICS BOOSTERS ASSOCIATION, INC.

Current Principal Place of Business:

2860 INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2860 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 ()

Name and Address of Current Registered Agent:

MCMILLAN, SUNDAE
2860 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: FENTON, KEVIN
Address: 730 HI LO WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: MCMILLAN, 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: WONG, ANN
Address: 564 FRANK SHAW RD
City-St-Zip: TALLAHASSEE, FL 32312

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

04/26/2009

Electronic Signature of Signing Officer or Director

Date