

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90072 004 ****61.25

DOCUMENT # N97000004445

1. Corporation Name

ALL FLORIDA GYMNASTICS ASSOCIATION, INC.

Principal Place of Business
170 WILLOW CREEK COVE
LONGWOOD FL 32750

Mailing Address
P. O. BOX 1681
LONGWOOD FL 32752
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/06/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3463338

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, JACQUELINE
170 WILLOW CREEK COVE
LONGWOOD FL 32750

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME MEYER, DEBORAH L.
STREET ADDRESS 1215 PARKLAND COURT
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

1.1 TITLE PD ☒ Change ☒ Addition
1.2 NAME Judith Norman
1.3 STREET ADDRESS 405 Wild Oak Circle
1.4 CITY-ST-ZIP Longwood, FL 32779

TITLE SD ☐ DELETE
NAME NELSON, DEBORAH
STREET ADDRESS 320 WHITE OAK CIRCLE
CITY-ST-ZIP MAITLAND FL 32751

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME CRUPE, DEBORAH
STREET ADDRESS 102 CUMBERLAND CIRCLE, E
CITY-ST-ZIP LONGWOOD FL 32779

3.1 TITLE VPD ☐ Change ☒ Addition
3.2 NAME Donna Maddamma
3.3 STREET ADDRESS 487 Chestnut Ct.
3.4 CITY-ST-ZIP Deltona, FL 32725

TITLE VPD ☐ DELETE
NAME WAIN, BARBARA
STREET ADDRESS 170 WILLOW CREEK COVE
CITY-ST-ZIP LONGWOOD FL 32750

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME RYERSON, NANCY S.
STREET ADDRESS 3011 ASH PARK POINT
CITY-ST-ZIP WINTER PARK FL 32792

5.1 TITLE TD ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy Ryerson* SIGNATURE REQUIRED *Nancy Ryerson* 4-29-99 407-646-7836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)