

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004445

FILED
Jan 16, 2006
Secretary of State

Entity Name: ALL FLORIDA GYMNASTICS ASSOCIATION, INC.

Current Principal Place of Business:

400 GOLD MEDAL CT
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

400 GOLD MEDAL CT
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-3463338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSTO, ANNE M
502 SADDLEWOOD RD
WINTER SPRINGS, FL 32708 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: P () Delete
Name: DERNER, JANET
Address: 384 EAGLE CREEK CIR
City-St-Zip: LAKE MARY, FL 32746

Title: S () Delete
Name: MCCUNE, PAMELA
Address: 1004 VERNON LOOP
City-St-Zip: OVIEDO, FL 32765

Title: T () Delete
Name: MUSTO, ANNE
Address: 502 SADDLEWOOD LN
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: POTTER, KATHY
Address: 535 SADDLEWOOD LN
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V () Delete
Name: JOHNSTON, VICKI
Address: 13 TYMBER COVE
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: HANI, MELYNDA
Address: 1821 ASHLAND TRAIL
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLEMING, EDRIA
Address: 3861 WATERCREST DRIVE
City-St-Zip: LONGWOOD, FL 32779

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

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

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

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

Title: D (X) Change () Addition
Name: BREIT, DONNA A
Address: 2002 WAYHAVEN CT
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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: ANNE MUSTO

T

01/16/2006

Electronic Signature of Signing Officer or Director

Date