

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 28, 2006**  
**Secretary of State**

DOCUMENT# N97000004445

**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:**EADS, JACKIE L  
336 NELSON AVE  
LONGWOOD, FL 32750 US

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: JACKIE EADS

08/28/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** FLEMING, EDRIA  
**Address:** 3861 WATERCREST DRIVE  
**City-St-Zip:** LONGWOOD, FL 32779**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:** BREIT, DONNA A  
**Address:** 2002 WAYHAVEN CT  
**City-St-Zip:** MAITLAND, FL 32751**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change ( ) Addition  
**Name:** MARTIN, BARBARA  
**Address:** 3791 BRANTLEY PLACE CIRCLE  
**City-St-Zip:** APOPKA, FL 32703**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T (X) Change ( ) Addition  
**Name:** EADS, JACKIE L  
**Address:** 336 NELSON AVE  
**City-St-Zip:** LONGWOOD, FL 32750**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D (X) Change ( ) Addition  
**Name:** JOHNSTON, VICKI  
**Address:** 13 TYMBER COVE  
**City-St-Zip:** DELAND, FL 32724**Title:** VP (X) Change ( ) Addition  
**Name:** SMALL, TERESA  
**Address:** 228 TWELVE LEAGUE CIRCLE  
**City-St-Zip:** CASSELBERRY, FL 32707

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: JACKIE EADS

D

08/28/2006

Electronic Signature of Signing Officer or Director

Date