

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004445

FILED
May 13, 2009
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAGERMAN, LAURI
254 LESLIE LANE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

HOLT, SHAMUS
23 STONE GATE SOUTH
LONGWOOD, FL 32779 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: SHAMUS HOLT

05/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERTS, BARRY
Address: 598 CRUZ BAY CIR.
City-St-Zip: WINTER SPRINGS, FL 32708

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

Title: T () Delete
Name: HAGERMAN, LAURI
Address: 254 LESLIE LANE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: DIERKES, JOANN
Address: 689 RIVERCREST LANE
City-St-Zip: LONGWOOD, FL 32779

Title: S () Delete
Name: NICHOLSON, SHERRIE
Address: 1315 DEER PATH DRIVE
City-St-Zip: OSTEEN, FL 32764

Title: D () Delete
Name: BURT, SHARON
Address: 788 FOXHOUND DR.
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: HOLT, SHAMUS
Address: 23 STONE GATE SOUTH
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:

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: SHAMUS HOLT

SH

05/13/2009

Electronic Signature of Signing Officer or Director

Date