

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004006

FILED
Apr 30, 2009
Secretary of State

Entity Name: GYMNASTICS PLUS BOOSTER CLUB, INC.

Current Principal Place of Business:

3101-D HWY 77
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

3101-D HWY 77
PANAMA CITY, FL 32405 US

New Mailing Address:

FEI Number: 59-3569901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARRINGTON, LESLIE A
113 CANDLEWICK CIRCLE
PANAMA CITY, FL 32405 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: GOLDEN, SCOTT
Address: 2471 PRETTY BAYOU
City-St-Zip: PANAMA CITY, FL 32405

Title: TD () Delete
Name: BENNETT, HEATHER
Address: 4422 GARRISON ROAD
City-St-Zip: PANAMA CITY, FL 32405

Title: VPD () Delete
Name: HARRINGTON, LESLIE
Address: 113 CANDLEWICK CIRCLE
City-St-Zip: LYNN HAVEN, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TR (X) Change () Addition
Name: LIZARRALDE, DAVID
Address: 5430 NICOLE BLVD
City-St-Zip: PANAMA CITY, FL 32404

Title: PD (X) Change () Addition
Name: BENNETT, HEATHER
Address: 4422 GARRISON ROAD
City-St-Zip: PANAMA CITY, FL 32405

Title: SEC (X) Change () Addition
Name: BURNETT, PAULA
Address: 2432 PRETTY BAYOU ISLAND DRIVE
City-St-Zip: PANAMA CITY, FL 32405

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: DAVID LIZARRALDE

TR

04/30/2009

Electronic Signature of Signing Officer or Director

Date