

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001749

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: WORLD CLASS GYMNASTICS INC.

**Current Principal Place of Business:**

11502-1 COLOMBIA PARK DRIVE WEST  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

11502-1 COLOMBIA PARK DRIVE WEST  
JACKSONVILLE, FL 32258

**New Mailing Address:**

FEI Number: 59-3572436

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRICK, SUSAN  
1503 MALLARD LANDING BLVD  
JACKSONVILLE, FL 32259 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: FRICK, SUSAN  
Address: 1503 MALLARD LANDING BLVD  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VPD ( ) Delete  
Name: GOSS, DALE  
Address: 4750 WASSAIL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: S ( ) Delete  
Name: MOODY, LAREE  
Address: 1402 WILKES POINT ROAD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TD ( ) Delete  
Name: FONTENOT, BONNIE  
Address: 10401 MARBLE EGRET DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD (X) Delete  
Name: GOSSELIN, PATRICIA  
Address: 12283 WINDSTREAM LANE  
City-St-Zip: JACKSONVILLE, FL 32258

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: TD (X) Change ( ) Addition  
Name: GOSSELIN, PATRICIA  
Address: 1935 E. WINDY WAY  
City-St-Zip: JACKSONVILLE, FL 32259

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: SUSAN FRICK

PD

04/25/2007

Electronic Signature of Signing Officer or Director

Date