

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000036017 (9)

1. Corporation Name

CHEERLEADING TECHNIQUE CAMPS INC.

Principal Place of Business

71 SW 32 ST
GAINESVILLE FL 32607

Mailing Address

POB 15267
GAINESVILLE FL 32604-5267

APPROVED
AND
FILED

95 MAR -2 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/06/1994

3a. Date of Last Report

4. FEI Number

59-3243877

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THORP, JIM
71 SW 32 ST
GAINESVILLE FL 32607

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, hand or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

1.1 TITLE	P, D	☐ Change ☒ Addition
1.2 NAME	JIM THORP	
1.3 STREET ADDRESS	71 SW 32 ST	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32607	
2.1 TITLE	SECRETARY TREASURER	☐ Change ☒ Addition
2.2 NAME	RHETT LEWIS	
2.3 STREET ADDRESS	71 S.W. 32ND ST.	
2.4 CITY-ST-ZIP	GAINESVILLE, FL 32607	
3.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
3.2 NAME	MARABLOUS HARRIS	
3.3 STREET ADDRESS	71 S.W. 32ND ST.	
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32607	
4.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
4.2 NAME	DARRELL BASKIN	
4.3 STREET ADDRESS	71 S.W. 32ND ST.	
4.4 CITY-ST-ZIP	GAINESVILLE, FL 32607	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Number)

904-371-0775