


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90147 013 ***150.00

DOCUMENT # V35497 1. Entity Name NORTH FLORIDA GYMNAS TIC CLUB INC.	
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Principal Place of Business 4261 ELDRIDGE LOOP ORANGE PARK, FL 32073 US	Mailing Address 2955 HARTLEY RD SUITE 204 JACKSONVILLE, FL 32257 US
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40046238



2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>145 Wells Road</i>
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Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>Suite 304</i>
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02092007 Chg-P CR2E034 (12/06)

City & State	City & State <i>Orange Park, FL</i>
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4. FEI Number 59-3133457	Applied For Not Applicable
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Zip <i>32073</i>	Country	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PURVIS, MARY 1982 PROTECTION POINT ORANGE PARK, FL 32003	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PURVIS, MARY 1982 PROTECTION POINT ORANGE PARK, FL 32003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Purvis* 3-28-07 (904)2190471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #