

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90480 036 ****61.25

DOCUMENT # 708299

1. Entity Name
SHOWFOLKS OF SARASOTA, INC.



Principal Place of Business
**P O BOX 1476
SARASOTA, FL 34230-8476**

Mailing Address
**2381 FRUITVILLE RD
SARASOTA, FL 34237**

60045765



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152007 Chg-NP CRZE037 (12/06)

City & State

City & State

4. FEI Number
59-6178160

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURILLO, PEDRO
2621 RIDGE AVE.
SARASOTA, FL 34235**

Name **Jazmyn Pison**

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

8827 Phyliss Ave

City **Sarasota**

FL

Zip Code

34231

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

Jazmyn K. Pison

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

(NOTE: Registered Agent signature required when reissuing)

4-16-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

8. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD**
NAME **RODRIGUEZ, PENNY WILSON**
STREET ADDRESS **3720 27TH ST E**
CITY-ST-ZIP **BRADENTON, FL**

☒ Delete

TITLE **VD**
NAME **DERICK ROSAIRE**
STREET ADDRESS **PALMER DR.**
CITY-ST-ZIP **SARASOTA, FL 34232**

☐ Change

☒ Addition

TITLE **PD**
NAME **MURILLO, PEDRO**
STREET ADDRESS **2621 RIDGE AVE.**
CITY-ST-ZIP **SARASOTA, FL 34235**

☒ Delete

TITLE **PD**
NAME **Jenny Wallenda**
STREET ADDRESS **2708 DESOTA RD.**
CITY-ST-ZIP **SARASOTA, FL 34234**

☐ Change

☒ Addition

TITLE **TD**
NAME **PAULSON, PAMELA E**
STREET ADDRESS **301 OAK HIL DR.**
CITY-ST-ZIP **SARASOTA, FL 34232**

☒ Delete

TITLE **TD**
NAME **Cindy Wells**
STREET ADDRESS **7804 Barr Rd.**
CITY-ST-ZIP **Myakka City, FL 34251**

☐ Change

☒ Addition

TITLE **VP**
NAME **WALLEDA, JENNY**
STREET ADDRESS **2708 DESOTA RD.**
CITY-ST-ZIP **SARASOTA, FL 34234**

☐ Delete

TITLE **VP**
NAME **Cindy Wells**
STREET ADDRESS **7804 Barr Rd.**
CITY-ST-ZIP **Myakka City, FL 34251**

☐ Change

☒ Addition

TITLE **SD**
NAME **BROWN, DIANE L**
STREET ADDRESS **5320 53RD AVE. E. 415**
CITY-ST-ZIP **BRADENTON, FL 34203**

☒ Delete

TITLE **SD**
NAME **FATIMA BRAHIM**
STREET ADDRESS **108 GOLDEN SANDS DR.**
CITY-ST-ZIP **SARASOTA, FL 34237**

☐ Change

☒ Addition

TITLE **P**
NAME **ARNOSI, MIREILLE THERON**
STREET ADDRESS **4312 LOCUST AVE**
CITY-ST-ZIP **SARASOTA, FL 34234**

☒ Delete

TITLE **P**
NAME **Jenny Wallenda**
STREET ADDRESS **2708 Desota Rd.**
CITY-ST-ZIP **Sarasota, FL 34234**

☒ Change

☒ Addition

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 617, 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:

Jenny Wallenda

4-25-07

Date

351-2775

Daytime Phone #