

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708299

FILED
Jan 26, 2009
Secretary of State

Entity Name: SHOWFOLKS OF SARASOTA, INC.

Current Principal Place of Business:

2381 FRUITVILLE RD
SARASOTA, FL 34237

New Principal Place of Business:

5204 LOCKWOOD RIDGE ROAD
SARASOTA, FL 34234

Current Mailing Address:

P O BOX 1476
SARASOTA, FL 342308476

New Mailing Address:

FEI Number: 59-6178160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINSON, JAZMYN K
8827 PHYLISS AVE
SARASOTA, FL 34231 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: P () Delete
Name: TORRES, NOELLA
Address: 1028 HERNDON PL
City-St-Zip: SARASOTA, FL 34232

Title: VP () Delete
Name: GALONKA, SHARON
Address: 730 N POMPANO AVE
City-St-Zip: SARASOTA, FL 34237

Title: TR () Delete
Name: PINSON, JAZMYN K
Address: 8827 PHYLISS AVENUE
City-St-Zip: SARASOTA, FL 34231

Title: SC () Delete
Name: MURILLO, MIRNA
Address: 2621 RIDGE AVENUE
City-St-Zip: SARASOTA, FL 34235

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: () 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: JAZMYN K PINSON

TREA

01/26/2009

Electronic Signature of Signing Officer or Director

_____ Date