


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 718272 1. Entity Name INTERNATIONAL TWIRLING TEACHERS INSTITUTE, INC.	
---	---

Principal Place of Business 711 E. COMMERCIAL MONTEREY, TN 38574	Mailing Address P O BOX 839 MONTEREY, TN 38574
--	--



01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1445644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLER, JOHN 2499 GLADES RD #305A BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDD SASSER, KENNETH 4488 SEA GRAPE AVE LAUDERDALE BY THE SEA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CRUM, MARGE 306 CUMBERLAND COVE RD. MONTEREY, TN 38574
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDD CRUM, JACK 603 CUMBERLAND COVE RD. MONTEREY, FL 38574
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000220640
02/08/05-80079-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Jack Crum</i> JACK CRUM 2-4-05 931-831-7654	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
--	---	---------------------	--------------------------------