

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723675

FILED
May 01, 2006
Secretary of State

Entity Name: BALLET GUILD OF SANFORD-SEMINOLE, INC.

Current Principal Place of Business:

2560 ELM AVENUE
P.O. BOX 1381
SANFORD, FL 32772

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1381
SANFORD, FL 32772

New Mailing Address:

FEI Number: 23-7198893 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FLYNN, GINGER M
292 BALD EAGLE RUN
LAKE MARY,, FL 32746 US

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: SECR () Delete
Name: SCHIRARD, BARBARA
Address: 112 CRYSTAL VIEW EAST
City-St-Zip: SANFORD, FL 32773

Title: TREA () Delete
Name: FULLER, DEBORAH
Address: 110 PINE VALLEY CT.
City-St-Zip: DEBARY, FL 32713

Title: PRES () Delete
Name: FLYNN, GINGER M
Address: 292 BALD EAGLE RUN
City-St-Zip: LAKE MARY, FL 32746

Title: CORR () Delete
Name: EWEN, BEVERLY
Address: 502 ALOKEE CT
City-St-Zip: LAKE MARY, FL 32746

Title: VP () Delete
Name: STANLEY, SHEALA
Address: 451 RIVERVIEW AVENUE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: READ, LISA
Address: 1065 GIOVANNI STREET
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: EWEN, BEVERLY
Address: 502 ALOKEE COURT
City-St-Zip: LAKE MARY, FL 32746

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 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: GINGER M. FLYNN

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

Date