

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723675

FILED  
Mar 31, 2008  
Secretary of State

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

**Current Principal Place of Business:**

2560 ELM AVENUE  
SANFORD, FL 32772

**New Principal Place of Business:**

2560 S. ELM AVENUE  
SANFORD, FL 32773

**Current Mailing Address:**

2560 ELM AVENUE  
SANFORD, FL 32772

**New Mailing Address:**

2560 S. ELM AVENUE  
SANFORD, FL 32773

FEI Number: 23-7198893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FLYNN, GINGER M  
292 BALD EAGLE RUN  
LAKE MARY,, FL 32746 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: TREA ( ) Delete  
Name: READ, LISA  
Address: 1065 GIOVANNI STREET  
City-St-Zip: DELTONA, FL 32725

Title: VP ( ) Delete  
Name: BARBARA, ANDERSON  
Address: 21 CANTERCLUB COURT  
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: SAWCZUK, SALLY  
Address: 129 GARRISON DRIVE  
City-St-Zip: SANFORD, FL 32773

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: SHEALA, STAN LEY  
Address: 451 RIVERVIEW AVENUE  
City-St-Zip: SANFORD, FL 32771

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

Title: SECR (X) Change ( ) Addition  
Name: SAWCZUK, SALLY  
Address: 129 GARRISON DRIVE  
City-St-Zip: SANFORD, FL 32773

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: GINGER M. FLYNN

PRES

03/31/2008

Electronic Signature of Signing Officer or Director

Date