

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723675

FILED
Mar 31, 2009
Secretary of State

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

Current Principal Place of Business:

2560 S. ELM AVENUE
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

2560 S. ELM AVENUE
SANFORD, FL 32773

New Mailing Address:

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: SHEALA, STAN LEY
Address: 451 RIVERVIEW AVENUE
City-St-Zip: SANFORD, FL 32771

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: READ, LISA
Address: 1065 GIOVANNI STREET
City-St-Zip: DELTONA, FL 32725

Title: TRES (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: () 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

03/31/2009

Electronic Signature of Signing Officer or Director

Date