

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731445

FILED
Jan 19, 2008
Secretary of State

Entity Name: THE THOMAS ARMOUR YOUTH BALLETT, INC.

Current Principal Place of Business:

5818 SW 73RD STREET
SOUTH MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

5818 S.W. 73RD STREET
SOUTH MIAMI, FL 33143 US

New Mailing Address:

5818 SW 73RD STREET
SOUTH MIAMI, FL 33143 US

FEI Number: 59-6163957 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIESEN, RUTH A
8021 SW 94 COURT
MIAMI, FLORIDA, FL 33173 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: DP () Delete
Name: WIESEN, RUTH A
Address: 8021 S.W. 94TH CT.
City-St-Zip: MIAMI, FL 33173 US

Title: VP () Delete
Name: EDWARDS, DENNIS MR.
Address: 2907 SEMINOLE STREET
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: ST () Delete
Name: PERRY, QUASHONE MR.
Address: 9925 SW139 STREET
City-St-Zip: MIAMI, FL 33176 US

Title: CHR () Delete
Name: MURPHY, LARA MS.
Address: 1700 MICAOPY
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: VCHR () Delete
Name: PRYCE, HEATHER MS.
Address: 13115 SW 214 TERRACE
City-St-Zip: MIAMI, FL 33177 US

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: OFF () Change (X) Addition
Name: SLOAT, LISA
Address: 1 GROVE ISLE #1603
City-St-Zip: COCONUT GROVE, FL 33133

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: RUTH WIESEN

Electronic Signature of Signing Officer or Director

DIR

01/19/2008

Date