

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749647

FILED
Jul 07, 2006
Secretary of State

Entity Name: THE CECCHETTI STUDENTS BALLET COMPANY, INC.

Current Principal Place of Business:

112 LAURA ROAD
HAMDEN, CT 06514

New Principal Place of Business:

Current Mailing Address:

112 LAURA ROAD
HAMDEN, CT 06514

New Mailing Address:

FEI Number: 59-9010510 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

MATTHEWS, TERENCE ESQ.
5190 26TH STREET WEST
SUITE D
BRADENTON, FL 34207 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: PD () Delete
Name: BOMKE, DAVID F
Address: 112 LAURA ROAD
City-St-Zip: HAMDEN, CT 06514

Title: VD () Delete
Name: SEIBERT, BETTY
Address: 112 LAURA ROAD
City-St-Zip: HAMDEN, CT 06514

Title: SD () Delete
Name: BAIRD, THOMAS
Address: 16 ALEWIVES RD
City-St-Zip: NORWALK, CT 06850

Title: VTD () Delete
Name: MOSS, PEGGY J
Address: 222 W. 83RD STREET, APT. 6-G
City-St-Zip: NEW YORK, NY 10024

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:

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: BETTY SEIBERT

VD

07/07/2006

Electronic Signature of Signing Officer or Director

Date