

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91121 001 *****8.75
04-26-2004 91121 002 *****61.25

DOCUMENT # N01000007705

1. Entity Name

**ARTS IN MOTION COMMUNITY YOUTH THEATRE/ARTS
EDUCATION, INC.**



Principal Place of Business

**37745 CHURCH AVE
DADE CITY FL 33525**

Mailing Address

**P.O BOX 762
DADE CITY FL 33526**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**BARNETT TORRENS, STACEY
22829 HAWK HILL LOOP
LAND O LAKES FL 34639**

7. Name and Address of New Registered Agent

Name

MINE, ANNE

Street Address (P.O. Box Number is Not Acceptable)

5543 ELAINE DRIVE

City

Zephyrhills

FL

Zip Code

33541

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Anne Mine, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/04

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **MANDER, A.R.**
STREET ADDRESS **14402 OLD MISSION RD**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **PD** ☒ Delete
NAME **TORRENS, STACEY**
STREET ADDRESS **22829 HAWK HILL LOOP**
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE **TD** ☐ Delete
NAME **MCDUGAL, RITA**
STREET ADDRESS **31134 ST. JOE RD**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **SD** ☐ Delete
NAME **MINE, ANNE**
STREET ADDRESS **5543 ELAINE DR**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **Barbara Birmingham**
STREET ADDRESS **31818 Loch Alne Dr.**
CITY-ST-ZIP **Wesley Chapel, FL 33544**

TITLE **VD** ☐ Change ☒ Addition
NAME **martha shay**
STREET ADDRESS **35518 Sophie Dr.**
CITY-ST-ZIP **Zephyrhills, FL 33541**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anne Mine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 813 783-2770

Date

Daytime Phone #