

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007705

FILED
Apr 30, 2006
Secretary of State

Entity Name: ARTS IN MOTION COMMUNITY YOUTH THEATRE/ARTS EDUCATION, INC.

Current Principal Place of Business:

37745 CHURCH AVE
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

P.O BOX 762
DADE CITY, FL 33526

New Mailing Address:

FEI Number: 59-0780694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINE, ANNE
5543 ELAINE DRIVE
ZEPHYRHILLS, FL 33541 US

Name and Address of New Registered Agent:

TWITMYER, MICHELLE
15146 DUGGAN ROAD
DADE CITY, FL 33525 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: MICHELLE TWITMYER

04/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MANDER, A.R.
Address: 14402 OLD MISSION RD
City-St-Zip: DADE CITY, FL 33525

Title: TD () Delete
Name: TWITMYER, MICHELLE
Address: 15146 DUGGAN ROAD
City-St-Zip: DADE CITY, FL 33525

Title: PD () Delete
Name: MINE, ANNE
Address: 5543 ELAINE DR
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: SD () Delete
Name: BIRMINGHAM, BARBARA
Address: 31818 LOCH ALINE DR
City-St-Zip: ZEPHYRHILLS, FL 33544

Title: VD (X) Delete
Name: SHAY, MARTHA
Address: 35518 SOPHIE DR
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: WHALEY-KELLY, JEANMARIE
Address: 12346 WOODLANDS CIRCLE
City-St-Zip: DADE CITY, FL 33525

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: MICHELLE TWITMYER

TD

04/30/2006

Electronic Signature of Signing Officer or Director

Date