

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90049 049 \*\*\*\*61.25

<b>DOCUMENT # N02000002024</b>					
<b>1. Entity Name</b> PARRISH YOUTH BALLET, INC.					
<b>Principal Place of Business</b> 7030 US HWY 301 N. ELLENTON, FL 34222			<b>Mailing Address</b> 7030 US HWY 301 N. ELLENTON, FL 34222		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01042005 Chg-NP CR2E037 (10/03)	
<b>4. FEI Number</b> 05-0525615				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PARTINGTON, DIANE 7030 US HWY 301 N ELLENTON, FL 34222			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> MILLER, TIMOTHY <b>STREET ADDRESS</b> 115 10TH AVE. N. <b>CITY-ST-ZIP</b> SAINT PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> JENNIFER GEMMEKE <b>STREET ADDRESS</b> 939 SUNRISE DR. <b>CITY-ST-ZIP</b> SARASOTA, FL 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> DIETZ, ALLISON <b>STREET ADDRESS</b> 1620 N. TADDOO DRIVE <b>CITY-ST-ZIP</b> SARASOTA, FL 34239	<input type="checkbox"/> Delete		<b>TITLE</b> TSD <b>NAME</b> LANESE, KAREN <b>STREET ADDRESS</b> 4827 ARLINGTON RD <b>CITY-ST-ZIP</b> PALMETTO, FL 34222	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TSD <b>NAME</b> LANESE, KAREN <b>STREET ADDRESS</b> 12944 PRESTWICK DRIVE <b>CITY-ST-ZIP</b> RIVERVIEW, FL	<input type="checkbox"/> Delete		<b>TITLE</b> MM <b>NAME</b> MILLER, MORNI <b>STREET ADDRESS</b> 115 10TH AVE. N. <b>CITY-ST-ZIP</b> SAINT PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete	
<b>TITLE</b> D <b>NAME</b> DIZON, REYNALDO <b>STREET ADDRESS</b> 1910 DALE CROFT RD. <b>CITY-ST-ZIP</b> SARASOTA, FL 34234	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> PARTINGTON, DIANE <b>STREET ADDRESS</b> 1910 DALE CROFT RD. <b>CITY-ST-ZIP</b> SARASOTA, FL 34234	<input type="checkbox"/> Delete	
<b>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.</b>					
<b>SIGNATURE:</b> <b>REYNALDO DIZON</b> <span style="float: right;">1/7/05 941-729-9388</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					