

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000002024

1. Entity Name

PARRISH YOUTH BALLET, INC.



Principal Place of Business

**7030 US HWY 301 N
ELLENTON, FL 34222**

Mailing Address

**7030 US HWY 301 N
ELLENTON, FL 34222**



03262006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0525615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARTINGTON, DIANE
7030 US HWY 301 N
ELLENTON, FL 34222**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GEMMEKE, JENNIFER
STREET ADDRESS	939 SUNRIDGE DR
CITY - ST - ZIP	SARASOTA, FL 34234
TITLE	VPD
NAME	DIETZ, ALLISON
STREET ADDRESS	1620 N. TODDO DRIVE
CITY - ST - ZIP	SARASOTA, FL 34239
TITLE	TSD
NAME	LANESE, KAREN
STREET ADDRESS	4827 ARLINGTON RD
CITY - ST - ZIP	PALMETTO, FL 34222
TITLE	D
NAME	DIZON, REYNALDO
STREET ADDRESS	1910 DALE CROFT RD.
CITY - ST - ZIP	SARASOTA, FL 34234
TITLE	D
NAME	PARTINGTON, DIANE
STREET ADDRESS	1910 DALE CROFT RD.
CITY - ST - ZIP	SARASOTA, FL 34234
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/22/06-80031-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REYNALDO C. DIZON

DATE

Daytime Phone #

4/6/06

941-769-9388