


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000002024 1. Entity Name PARRISH YOUTH BALLET, INC.	
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Principal Place of Business 7030 US HWY 301 N ELLENTON, FL 34222	Mailing Address 7030 US HWY 301 N ELLENTON, FL 34222
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DO NOT WRITE IN THIS SPACE



01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 05-0525615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GEMMEKE, JENNIFER 939 SUNRIDGE DR SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DIETZ, ALLISON 1620 N. TODOO DRIVE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD LANESE, KAREN 4827 ARLINGTON RD PALMETTO, FL 34222
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIZON, REYNALDO 1910 DALE CROFT RD. SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARTINGTON, DIANE 1910 DALECROFT RD. SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000595196
01/23/07-80029-024 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:  **1/17/07** **941-729-9388**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #