

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002024

FILED
Jan 07, 2009
Secretary of State

Entity Name: PARRISH YOUTH BALLETT, INC.

Current Principal Place of Business:

7030 US HWY 301 N
ELLENTON, FL 34222

New Principal Place of Business:

Current Mailing Address:

7030 US HWY 301 N
ELLENTON, FL 34222

New Mailing Address:

FEI Number: 05-0525615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GEMMEKE, JENNIFER
Address: 939 SUNRIDGE DR
City-St-Zip: SARASOTA, FL 34234

Title: VPD () Delete
Name: DIETZ, ALLISON
Address: 1620 N. TODOO DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: TSD () Delete
Name: LANESE, KAREN
Address: 4827 ARLINGTON RD
City-St-Zip: PALMETTO, FL 34222

Title: D () Delete
Name: DIZON, REYNALDO
Address: 1910 DALE CROFT RD.
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: PARTINGTON, DIANE
Address: 1910 DALECROFT RD.
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: REYNALDO DIZON

MR

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date