

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001562

FILED
Apr 20, 2009
Secretary of State

Entity Name: WALTON ACADEMY FOR THE PERFORMING ARTS, INC.

Current Principal Place of Business:

4817 N. FLORIDA AVE.
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7578
TAMPA, FL 33673

New Mailing Address:

FEI Number: 51-0446321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTON, SAMUEL
4810 E. 97TH AVE
TAMPA, FL 33617 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: PS () Delete
Name: WALTON, TANIKA S
Address: 4810 E. 97TH AVE
City-St-Zip: TAMPA, FL 33617

Title: VST () Delete
Name: WALTON, SAMUEL
Address: 4810 E. 97TH AVE
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TANIKA S. WALTON

MRS.

04/20/2009

Electronic Signature of Signing Officer or Director

Date