

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001562

**FILED**  
**Apr 19, 2012**  
**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:**

WALTON, SAMUEL  
7812 RIVER RIDGE DR.  
TEMPLE TERRACE, FL 33637 US

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: SAMUEL WALTON

04/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: WALTON, TANIKA S  
Address: 7812 RIVER RIDGE DR.  
City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: VST  
Name: WALTON, SAMUEL  
Address: 7812 RIVER RIDGE DR.  
City-St-Zip: TEMPLE TERRACE, FL 33637 US

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL WALTON

MR.

04/19/2012

Electronic Signature of Signing Officer or Director

Date