

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005005

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** BALLET VERO PARENTS & FRIENDS, INC.

**Current Principal Place of Business:**

KELLY WARD  
1001 20 PL  
VERO BCH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

KELLY WARD  
1001 20 PL  
VERO BCH, FL 32960

**New Mailing Address:**

**FEI Number:** 56-2388574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WARD, KELLY  
KELLY WARD  
1001 20 PL  
VERO BCH, FL 32960 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: D ( ) Delete  
Name: WARD, KELLY  
Address: KELLY WARD  
City-St-Zip: VERO BCH, FL 32960

Title: D ( ) Delete  
Name: FULCHINI, KAREN  
Address: 1015 ADMIRALS WALK  
City-St-Zip: VERO BCH, FL 32963

Title: D ( ) Delete  
Name: BASHFUL, ELDRIC  
Address: 1421 3 CT  
City-St-Zip: VERO BCH, FL 32960

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: SENNETT, SUSAN  
Address: 1602 CORAL REEF STREET  
City-St-Zip: SEBASTIAN, FL 32958

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KELLY A WARD

D

04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date