

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006011

Entity Name: APPLAUSE ACADEMY, INC.

FILED
Apr 27, 2004
Secretary of State

Current Principal Place of Business:

4472 WHITE OAK CIR
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

4472 WHITE OAK CIR
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 20-0115686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTIE, BARBARA
4472 WHITE OAK CIR
KISSIMMEE, FL 34746 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: P () Delete
Name: ANDERSON, MARK
Address: 2604 TEESIDE DR
City-St-Zip: KISSIMMEE, FL 34746

Title: VT () Delete
Name: CHRISTIE, BARBARA
Address: 4472 WHITE OAK CIR
City-St-Zip: KISSIMMEE, FL 34746

Title: S () Delete
Name: ANDERSON, LURALEE
Address: 2604 TEESIDE CIR
City-St-Zip: KISSIMMEE, FL 34746

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:

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: BARBARA CHRISTIE

VT

04/27/2004

Electronic Signature of Signing Officer or Director

Date