

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008415

FILED
Apr 30, 2009
Secretary of State

Entity Name: STUDIO OF DANCE PARENTS CLUB, INC.

Current Principal Place of Business:

2213 SOUTHWEST 44TH STREET
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

2213 SOUTHWEST 44TH STREET
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 41-2211713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, TAMMY
2213 SOUTHWEST 44TH STREET
CAPE CORAL, FL 33914 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: SMITH, TAMMY
Address: 2213 SOUTHWEST 44TH STREET
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: WALSH, DONNA
Address: 2213 SOUTHWEST 44TH STREET
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: BARKLEY, CHARLOTTE
Address: 2217 SE 6TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: CARPENTER, SHARON
Address: 2213 SOUTHWEST 44TH STREET
City-St-Zip: CAPE CORAL, FL 33914

Title: P () Delete
Name: CARPENTER, SHARON
Address: 2213 SOUTHWEST 44TH STREET
City-St-Zip: CAPE CORAL, FL 33914

Title: V () Delete
Name: BARKLEY, CHARLOTTE
Address: 2217 SE 6TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

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:

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: TAMMY SMITH

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date