

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009388

FILED
Apr 30, 2012
Secretary of State

Entity Name: SHINE PERFORMING & CREATIVE ARTS TRAINING CENTER INC

Current Principal Place of Business:

111 LAUREL REIDGE
OCOEE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

111 LAUREL REIDGE
OCOEE, FL 34761 US

New Mailing Address:

FEI Number: 51-0595648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIMBROUGH, MICHAEL E
111 LAUREL RIDGE AVE.
OCOEE, FL 34761 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
Name: KIMBROUGH, MICHAEL E
Address: 111 LAUREL RIDGE AVE.
City-St-Zip: OCOEE, FL 34761 US

Title: S
Name: DENISE, MCFALL
Address: 7341 HIGH LAKE DR
City-St-Zip: ORLANDO, FL 32818 US

Title: D
Name: CALLOWAY, IRA
Address: 306 WESTON WOOD BLVD.
City-St-Zip: ORALNDO, FL 32818 US

Title: D
Name: CUNDIFF, JIM
Address: 5272 PINTO WAY
City-St-Zip: ORLANDO, FL 32810 US

Title: D
Name: PAYNE, DIANE
Address: 1026 W. LIVINGSTON ST/
City-St-Zip: ORLANDO, FL 32805 FL

Title: D
Name: JOSEPH, CABERBE
Address: 6517 CENTERWALK DR. #2
City-St-Zip: WINTER PARK, FL 32792 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: MICHAEL KIMBROUGH

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date