

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003521

FILED  
Aug 30, 2011  
Secretary of State

**Entity Name:** PARENTS ALL-STAR CHEER ORGANIZATION, INC.

**Current Principal Place of Business:**

482 N. WILSON STREET  
CRESTVIEW, FL 32536

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 773  
CRESTVIEW, FL 32536

**New Mailing Address:**

**FEI Number:** 90-0357432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLOWERS, ASHLEY J  
330 RIVERCHASE BLVD  
CRESTVIEW, FL 32536 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  
Name: FLOWERS, ASHLEY J  
Address: 330 RIVERCHASE BLVD  
City-St-Zip: CRESTVIEW, FL 32536

Title: D  
Name: KELSEY, AMY  
Address: 309 SKYLINE CIRCLE  
City-St-Zip: CRESTVIEW, FL 32539

Title: S  
Name: FAUST, MINDY P  
Address: 115 TRAILWOOD LN  
City-St-Zip: CRESTVIEW, FL 32539

Title: T  
Name: ADAMS, MICHELLE  
Address: 1503 GREENWOOD RD  
City-St-Zip: BAKER, FL 32531

Title: P  
Name: CRISSMAN-DIXON, JENNIFER  
Address: 4648 ROSS CT  
City-St-Zip: CRESTVIEW, FL 32536

Title: VP  
Name: SCHMIDT, REBECCA L  
Address: 1319 JEFFERYSCOTT DR  
City-St-Zip: CRESTVIEW, FL 32536

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: ASHLEY FLOWERS

D

08/30/2011

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

\_\_\_\_\_  
Date