# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# N08000005235

**Entity Name:** SYNERGY IN ARTS FOR YOUTH, INC.

**Current Principal Place of Business:**

2807 NORTH FRANKLIN STREET
PLANT CITY, FL 33563

**New Principal Place of Business:**

**Current Mailing Address:**

2807 NORTH FRANKLIN STREET
PLANT CITY, FL 33563

**New Mailing Address:**

**FEI Number: 26-2716871** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BARGERON, WILLIAM S
2807 NORTH FRANKLIN STREET
PLANT CITY, FL 33563 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: BARGERON, WILLIAM S
Address: 2807 NORTH FRANKLIN STREET
City-St-Zip: PLANT CITY, FL 33563

Title: FEO ( ) Delete
Name: NICHOLS, TOSHA L
Address: 949 OLD WELCOME ROAD
City-St-Zip: LITHIA, FL 33547

Title: SEC. ( ) Delete
Name: PATRICK, CHRISTIE
Address: 1108 WEST DIXIE STREET
City-St-Zip: PLANT CITY, FL 33563

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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

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

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

Title: SEC. (X) Change ( ) Addition
Name: KELLY, LARRY
Address: 12000 CAPRI CIRCLE SOUTH #6
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VP ( ) Change (X) Addition
Name: NICHOLS, AARON
Address: 949 OLD WELCOME ROAD
City-St-Zip: LITHIA, FL 33547

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: WILLIAM BARGERON P 04/30/2009

Electronic Signature of Signing Officer or Director — Date