

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16398

FILED
Jan 26, 2006
Secretary of State

Entity Name: WILLYS GAINES DANCE THEATRE SCHOOL, INC.

Current Principal Place of Business:

WILLYS GAINES DANCE THEATRE SCH
14680 MONROE STREET
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

14640 MONROE ST
RICHMOND HEIGHTS, FL 33176 US

New Mailing Address:

FEI Number: 65-0627226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAINES, WILLYS ANN
14640 MONROE ST
MIAMI, FL 33176 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: PDTD () Delete
Name: GAINES, WILLYS A
Address: 14640 MONROE ST.
City-St-Zip: MIAMI, FL

Title: VDD () Delete
Name: CRANBERRY, DORIS J
Address: 16505 SW 103 COURT
City-St-Zip: MIAMI, FL

Title: CDD () Delete
Name: MCMILLAN, NADINE
Address: 16631 SW 104TH AVE
City-St-Zip: MIAMI, FL 33157

Title: TTST () Delete
Name: DANIELS, RUTHIE
Address: 11005 SW 157 TERR
City-St-Zip: MIAMI, FL 33157

Title: M () Delete
Name: THOMAS, TONI J
Address: 1392 SW 90TH AVE #00108
City-St-Zip: MIAMI, FL 33176

Title: S () Delete
Name: BELL-ALEXANDER, DARLENE Y
Address: 17452 S.W. 104 AVE
City-St-Zip: PERINE, FL 33157

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:

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City-St-Zip:

Title: () Change () Addition
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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 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: WILLYSANN GAINES

OWN

01/26/2006

Electronic Signature of Signing Officer or Director

Date