

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 09, 2009  
Secretary of State

DOCUMENT# N16398

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 (X)

**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 33176 FL

Title: VDD ( ) Delete  
Name: GRANBERRY, 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.  
City-St-Zip: MIAMI, FL 33176

Title: S ( ) Delete  
Name: DAWSON, COOKIE  
Address: 16631 SW 104TH 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:

Title: TTST (X) Change ( ) Addition  
Name: PORTER, JACQUELINE  
Address: 15921 S.W. 97 AVENUE  
City-St-Zip: MIAMI, FL 33157

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: WILLYSANN GAINES

CEO

01/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date