

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22227

FILED
Apr 24, 2009
Secretary of State

Entity Name: ACADEMY OF BALLET ARTS, INC.

Current Principal Place of Business:

2914 FIRST AVE N
SAINT PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

2914 FIRST AVE N
SAINT PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 59-2926455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, WILLIAM W.
8339 ANGELA CT.
ZEPHYRHILLS, FL 33541 US

Name and Address of New Registered Agent:

TURNER, WILLIAM W. III
8339 ANGELA CT.
ZEPHYRHILLS, FL 33541 US

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: WILLIAM W TURNER III

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: TURNER, WILLIAM W. III
Address: 8339 ANGELA CT.
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: TREA () Delete
Name: BALOG, ANN V
Address: 401 NORTH 57TH AVENUE
City-St-Zip: PENSACOLA, FL 32506

Title: T () Delete
Name: JACOBSEN, LESTER
Address: 16787 WAYNE ROAD
City-St-Zip: AQUONE, NC 28781

Title: S () Delete
Name: POMERANTZEFF, SUZANNE B
Address: 1135 PARK ST. N
City-St-Zip: SAINT PETERSBURG, FL 33710

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: () 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: WILLIAM W TURNER III

C

04/24/2009

Electronic Signature of Signing Officer or Director

Date