

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40628

FILED
Mar 24, 2009
Secretary of State

Entity Name: PAINT YOUR HEART OUT LAKELAND, INC.

Current Principal Place of Business:

2731 NEVADA RD
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1712
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 59-3034500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIAS, JEAN S
2731 NEVADA RD
LAKELAND, FL 33803 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: PD () Delete
Name: BELLOTTO, CHANEL
Address: 1501 GRASSLANDS BLVD
City-St-Zip: LAKELAND, FL 33803

Title: TD () Delete
Name: BIAS, JEAN S
Address: 2731 NEVADA RD
City-St-Zip: LAKELAND, FL 33803

Title: SD () Delete
Name: SMITH, PATRICK
Address: 1434 THOMASVILLE CIRCLE
City-St-Zip: LAKELAND, FL 33811

Title: VPD () Delete
Name: VARNADORE, LINDA
Address: PO BOX 988
City-St-Zip: LAKELAND, FL 33802

Title: D () Delete
Name: SPIVEY, TIM
Address: 730 E MAIN ST
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VARNADORE, LINDA
Address: P.O. BOX 1712
City-St-Zip: LAKELAND, FL 33802

Title: TD (X) Change () Addition
Name: BIAS, JEAN
Address: P.O. BOX 1712
City-St-Zip: LAKELAND, FL 33802

Title: SD (X) Change () Addition
Name: SMITH, PATRICK
Address: P.O. BOX 1712
City-St-Zip: LAKELAND, FL 33802

Title: VPD (X) Change () Addition
Name: SCHICHEL, BILL
Address: P.O. BOX 1712
City-St-Zip: LAKELAND, FL 33802

Title: D (X) Change () Addition
Name: SPIVEY, TIM
Address: P.O. BOX 1712
City-St-Zip: LAKELAND, FL 33802

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: JEAN S. BIAS

TD

03/24/2009

Electronic Signature of Signing Officer or Director

Date