

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47507

FILED
Apr 11, 2009
Secretary of State

Entity Name: PAINT YOUR HEART OUT SAFETY HARBOR, INC.

Current Principal Place of Business:

P. O. BOX 1131
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1131
SAFETY HARBOR, FL 34695 US

New Mailing Address:

FEI Number: 59-3110096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'NEILL JAMES
1436 OAK HAVEN DRIVE
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

O'NEILL JAMES
1436 OAK HAVEN DRIVE
SAFETY HARBOR, FL 34695 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: JAMES O'NEILL

04/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: O'NEIL, JAMES
Address: 1436 OAK HAVEN DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: REMZ, HAL
Address: 413 S. BAYSHORE DR #5
City-St-Zip: SAFETY HARBOR, FL 34677

Title: D () Delete
Name: BACHTELER, CHARLES
Address: 5035 EDGEWATER LANE
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: NICKSON, NADINE
Address: 280 THEKER ST
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: BURGHARDT, LYNN
Address: 1680 ENSLEY AVE
City-St-Zip: PALM HARBOR, FL 34685

Title: D (X) Delete
Name: BURGESS, REVEREND GLENN
Address: 701 BOOTH STREET
City-St-Zip: SAFETY HARBOR, FL

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: D (X) Change () Addition
Name: NICKESON, NADINE
Address: 280 TUCKER ST
City-St-Zip: SAFETY HARBOR, FL 34695

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: CHARLES J BACHTELER

D

04/11/2009

Electronic Signature of Signing Officer or Director

Date