2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# 715989

Entity Name: CLAY BALLET THEATRE, INC.

Current Principal Place of Business:

1732 HOWARD CT.
ORANGE PARK, FL 320736145

New Principal Place of Business:

Current Mailing Address:

1732 HOWARD CT.
ORANGE PARK, FL 320736145

New Mailing Address:

FEI Number: 59-1281004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CONRAD, LUCILLE L
877 ARTHUR MOORE DRIVE
GREEN COVE SPRINGS, FL 32043 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:	P	( ) Delete
Name:	TISDELLE, GENEVIEVE	
Address:	2515 BAY STREET	
City-St-Zip:	CHARLOTTE, NC 28205	
Title:	V	( ) Delete
Name:	KNICKERBOCKER, DEBRA	
Address:	1638 RUSTLING DRIVE	
City-St-Zip:	ORANGE PARK, FL 32003	
Title:	S	( ) Delete
Name:	ALMEIDA, YOLANDA	
Address:	1922 GROVE PARK DRIVE	
City-St-Zip:	ORANGE PARK, FL 32073	
Title:	T	( ) Delete
Name:	CONRAD, LUCILLE L	
Address:	877 ARTHUR MOORE DRIVE	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	AD	( ) Delete
Name:	JACKSON, MARTA	
Address:	1732 HOWARD COURT	
City-St-Zip:	ORANGE PARK, FL 32073	

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:	
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: MARTA JACKSON AD 06/16/2009
Electronic Signature of Signing Officer or Director — Date