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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **717064** **(0)**

1. Corporation Name

**NORTHWEST FLORIDA BALLET, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| POST OFFICE BOX 964<br>101 CHICAGO AVE.<br>FORT WALTON BEACH FL 32549 | POST OFFICE BOX 964<br>101 CHICAGO AVE.<br>FORT WALTON BEACH FL 32549-0964 |

3. Date Incorporated or Qualified: **08/28/1969**
3a. Date of Last Report: **04/15/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-1709205** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

**CLEMENTS, MRS V G.**
**310 SUDDUTH CIRCLE**
**FORT WALTON BEACH FL 32548**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | MCCOWEN, SHERYL | | 1.2 NAME | |
| STREET ADDRESS | 2831 JACK NICKLAUS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SHALIMAR FL | | 1.4 CITY-ST-ZIP | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | DAVILA, LYNDA | | 2.2 NAME | |
| STREET ADDRESS | 202 AZALEA CT. | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DESTIN FL 32541 | | 2.4 CITY-ST-ZIP | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | COLLINS, MARY | | 3.2 NAME | |
| STREET ADDRESS | 713 BRADFORD PL | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT WALTON BCH FL | | 3.4 CITY-ST-ZIP | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | THOMPSON, GLORIA | | 4.2 NAME | |
| STREET ADDRESS | 257 EWING CT. | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. WALTON BEACH FL 32548 | | 4.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | CLEMENTS, BERNADETTE | | 5.2 NAME | |
| STREET ADDRESS | 310 SUDDUTH CRCL. | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT.WALTON BCH. FL | | 5.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | ALLEN, TODD | | 6.2 NAME | |
| STREET ADDRESS | 245 KATHY COURT | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARY ESTHER FL | | 6.4 CITY-ST-ZIP | |

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Todd Allen TODD ALLEN 1/30/97 904-664-7787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #