FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jan 22 1998 8:00am
Secretary of State

DOCUMENT # **717064** (0)

1. Corporation Name

NORTHWEST FLORIDA BALLET, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 964 101 CHICAGO AVE. FORT WALTON BEACH FL 32549	POST OFFICE BOX 964 101 CHICAGO AVE. FORT WALTON BEACH FL 32549

3. Date Incorporated or Qualified: 06/28/1969

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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: SHARON ALLEN
82 Street Address (P.O. Box Number is Not Acceptable): 3879 MESA RD.
83
84 City: DESTIN FL 85 Zip Code: 32541

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: SAllen SHARON ALLEN, Assistant DIR 1/8/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	3879 MESA RD.	
CITY-ST-ZIP	MARY ESTHER FL		6.4 CITY-ST-ZIP	DESTIN, FL 32541	

14. I 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: [illegible] **REQUIRED** 1/8/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/97)