

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90034 043 \*\*\*\*61.25

0075316

**DOCUMENT # 717064**

1. Corporation Name

**NORTHWEST FLORIDA BALLET, INC.**

Principal Place of Business

POST OFFICE BOX 964  
101 CHICAGO AVE.  
FORT WALTON BEACH FL 32549

Mailing Address

POST OFFICE BOX 964  
101 CHICAGO AVE.  
FORT WALTON BEACH FL 32549

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

3. Date Incorporated or Qualified

08/28/1969

4. FEI Number

59-1709205

Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ALLEN, SHARON  
3879 MESA RD  
DESTIN FL 32541

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/99

## 12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME PD  
MCCOWEN, SHERYL  
STREET ADDRESS 2831 JACK NICKLAUS  
CITY-ST-ZIP SHALIMAR FLTITLE ☒ DELETENAME PD  
DAVILA, LYNDIA  
STREET ADDRESS 202 AZALEA CT.  
CITY-ST-ZIP DESTIN FL 32541TITLE ☒ DELETENAME S  
COLLINS, MARY  
STREET ADDRESS 713 BRADFORD PL  
CITY-ST-ZIP FT WALTON BCH FLTITLE ☐ DELETENAME TD  
THOMPSON, GLORIA  
STREET ADDRESS 257 EWING CT.  
CITY-ST-ZIP FT. WALTON BEACH FL 32548TITLE ☐ DELETENAME D  
CLEMENTS, BERNADETTE  
STREET ADDRESS 310 SUDDUTH CRCL.  
CITY-ST-ZIP FT.WALTON BCH. FLTITLE ☐ DELETENAME D  
ALLEN, TODD  
STREET ADDRESS 3879 MESA ROAD  
CITY-ST-ZIP DESTIN FL 32541

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition1.2 NAME President  
Abe Watson  
1.3 STREET ADDRESS 106 Benary Dr STE #7  
1.4 CITY-ST-ZIP Destin, FL 325412.1 TITLE ☐ Change ☒ Addition2.2 NAME Board Member  
Linda Watson  
2.3 STREET ADDRESS 106 Benary Dr STE #7  
2.4 CITY-ST-ZIP Destin, FL 325413.1 TITLE ☐ Change ☐ Addition3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

850-664-7787

CR2E037 (11/98)