

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 724719 (0)

1. Corporation Name

THE TALLAHASSEE BALLET, INC.



Principal Place of Business

**210 E. THIRD AVE.
TALLAHASSEE FL 32303
US**

Mailing Address

**P. O. BOX 772
TALLAHASSEE FL 32302
US**

3. Date Incorporated or Qualified
11/02/1972

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
23-7273533

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

10. Name and Address of New Registered Agent

**STRAUB, JOYCE
3513 CASTLEBAR CIRCLE
TALLAHASSEE FL 32308**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	☒ DELETE
NAME	CHIN, PATRICIA	
STREET ADDRESS	331 BEAVER LAKE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	☒ DELETE
NAME	CRAWFORD, ROGER S.	
STREET ADDRESS	519 INGLESIDE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	☐ DELETE
NAME	FLOYD, NANCY	
STREET ADDRESS	1201 BROOKWOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	M	☐ DELETE
NAME	STRAUB, JOYCE	
STREET ADDRESS	3513 CASTLEBAR CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PE	☒ DELETE
NAME	HEMPEL, MACKIE	
STREET ADDRESS	533 BOBBIN BROOK LN.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	TD	☐ Change ☒ Addition
1.2 NAME	Hagan, Page	
1.3 STREET ADDRESS	6068 Thackery Dr.	
1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
2.1 TITLE	PD	☐ Change ☒ Addition
2.2 NAME	Carol Daws	
2.3 STREET ADDRESS	3042 Cloudland Dr.	
2.4 CITY-ST-ZIP	Tallahassee, FL 32312	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PE	☐ Change ☐ Addition
5.2 NAME	Jan Keshew	
5.3 STREET ADDRESS	5114 Chinaberry Lane	
5.4 CITY-ST-ZIP	Tallahassee, FL 32311	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Joyce Straub

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 1996

Date

(904)224-6917

Daytime Phone #

CR2E037 (12/95)