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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
218 E. THIRD AVE. TALLAHASSEE FL 32303 US	P. O. BOX 772 TALLAHASSEE FL 32302-0772 US

3. Date Incorporated or Qualified: **11/02/1972**
3a. Date of Last Report: **05/01/1996**

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

STRAUB, JOYCE
3513 CASTLEBAR CIRCLE
TALLAHASSEE FL 32308

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 Joyce Straub
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	1.1 TITLE	TP	☐ Change ☐ Addition
NAME	~~HAGAN, PAGE~~		1.2 NAME	Tom Welsh	
STREET ADDRESS	~~6088 THACKERY DR~~		1.3 STREET ADDRESS	404 Montgomery Gym	
CITY-ST-ZIP	~~TALLAHASSEE FL~~		1.4 CITY-ST-ZIP	Tallahassee, FL 32306	
TITLE	PD	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	DAWS, CAROL		2.2 NAME		
STREET ADDRESS	3042 CLOUDLAND DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FLOYD, NANCY		3.2 NAME		
STREET ADDRESS	1201 BROOKWOOD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STRAUB, JOYCE		4.2 NAME		
STREET ADDRESS	3513 CASTLEBAR CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	PE	☐ DELETE	5.1 TITLE	PD	☑ Change ☐ Addition
NAME	KESHEN, JAN		5.2 NAME		
STREET ADDRESS	5114 CHINABERRY LN		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Tom Welsh TOM WELSH 3/30/97 904-644-1023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #