

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **724719** (0)  
1. Corporation Name  
**THE TALLAHASSEE BALLET, INC.**



|                                                                                         |                                                                         |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br><b>218 E. THIRD AVE.<br/>TALLAHASSEE FL 32303<br/>US</b> | Mailing Address<br><b>P. O. BOX 772<br/>TALLAHASSEE FL 32302<br/>US</b> |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

|                                                                                                                                                              |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>11/02/1972</b>                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable |
| 4. FEI Number<br><b>23-7273533</b>                                                                                                                           |                                                        |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                    | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                              | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                       |                                                        |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                               |                                                                                    |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

|                                                                                                                            |                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>STRAUB, JOYCE<br/>3513 CASTLEBAR CIRCLE<br/>TALLAHASSEE FL 32308</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                         |                                                                                                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |                                                                                                                                                               |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>TD<br/>TOM WELSH<br/>404 MONTGOMERY GYM<br/>TALLAHASSEE FL</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <b>TD<br/>Jock Priestelhorst<br/>2701 Everett Lane<br/>Tallahassee, FL 32312</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>DAWS, CAROL<br/>3042 CLOUDLAND DR<br/>TALLAHASSEE FL</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <b>DP<br/>Hope Suber<br/>1015 E. 7th ave.<br/>Tallahassee, FL 32308</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>SD<br/>FLOYD, NANCY<br/>1201 BROOKWOOD DR<br/>TALLAHASSEE FL</b> <input type="checkbox"/> DELETE          | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>M<br/>STRAUB, JOYCE<br/>3513 CASTLEBAR CIRCLE<br/>TALLAHASSEE FL</b> <input type="checkbox"/> DELETE      | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PD<br/>KESHEN, JAN<br/>5114 CHINABERRY LN<br/>TALLAHASSEE FL</b> <input type="checkbox"/> DELETE          | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE                                                                              | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |

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: Joyce Straub Joyce Straub April 12, 1998 224-6917 (850)

CR2E037 (10/97)