2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State
08-09-2004 90016 041 ****61.25

DOCUMENT # 724719

1. Entity Name
THE TALLAHASSEE BALLET, INC.

24079260

Principal Place of Business	Mailing Address
218 E. THIRD AVE. TALLAHASSEE, FL 32303 US	P. O. BOX 772 TALLAHASSEE, FL 32302 US

07082004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7273533 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STRAUB, JOYCE 3513 CASTLEBAR CIRCLE TALLAHASSEE, FL 32308	Name: Ashburn, Lauren Street Address (P.O. Box Number is Not Acceptable): 1610 Belle Vue Way City: Tallahassee FL Zip Code: 32304

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Lauren Ashburn, Executive Director DATE: 08/05/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TALIAFERRO, E. LENWOOD 5321 TOURAINE DR. TALLAHASSEE, FL 32308	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Hall, Martha Olive 272 Roscoll Dr. N. Tallahassee, FL 32312	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SALTERS, AGATHA M 1845 COPPER AXE TR TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURVA, FELY 1212 PIEDMONT ROAD TALLAHASSEE, FL 32312	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Herring, JoLinda 2141 Ted Hines Dr. Tallahassee, FL 32308	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M STRAUB, JOYCE 3513 CASTLEBAR CIRCLE TALLAHASSEE, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Ashburn, Lauren 1610 Belle Vue Way Tallahassee, FL 32304	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAMPBELL, TINA 1479 MILLSTREAM ROAD TALLAHASSEE, FL 32312	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Beth Kirkland 2961 Golden Eagle Dr. Tallahassee, FL 32312	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(V) DICK, KAY 2332 CLARE DRIVE TALLAHASSEE, FL 32308	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dick, Kay 233 Clare Drive Tallahassee, FL 32308	☑ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lauren Ashburn 08/05/04 850-224-6917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #