

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 03 1997 8:00am
Secretary of State

DOCUMENT # 729438 (2)

1. Corporation Name

SOUTHERN BALLET THEATRE, INC.

Principal Place of Business

Mailing Address

1111 N. ORANGE AVE.
ORLANDO FL 32804-6407

1111 N. ORANGE AVE.
ORLANDO FL 32804-6407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1974

3a. Date of Last Report

09/03/1996

4. FEI Number

23-7427817

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Zip

31 Country

9. Name and Address of Current Registered Agent

JACOBSON, NANCY C
1111 N ORANGE AVE
ORLANDO FL 32804

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

12. OFFICERS AND DIRECTORS

TITLE PT
NAME SUPOWITZ, LOUIS M
STREET ADDRESS 100 E SOUTH ST
CITY-ST-ZIP ORLANDO FL 32801

TITLE PED
NAME JACOBSON, NANCY
STREET ADDRESS 1730 REPPARD ROAD
CITY-ST-ZIP ORLANDO FL 32803

TITLE ST
NAME HOUSTON, MARY RUTH
STREET ADDRESS 20 N ORANGE AV., SUITE 1000
CITY-ST-ZIP ORLANDO FL 32801

TITLE TD
NAME WOLF, JULIE
STREET ADDRESS P.O. BOX 6750 NA
CITY-ST-ZIP WINTER PARK FL 32780

TITLE VPT
NAME SANGIOVANNI, PAUL L
STREET ADDRESS 20 N ORANGE AVE., SUITE 1400
CITY-ST-ZIP ORLANDO FL 32801

TITLE VPT
NAME LAHR, JOHN T
STREET ADDRESS 55 WEST MILLER
CITY-ST-ZIP ORLANDO FL 32806

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 151 Overlook Rd
1.4 CITY-ST-ZIP Winter Park 32789

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE TID ☒ Change ☐ Addition
4.2 NAME Mary Kogut Eguels
4.3 STREET ADDRESS 16 W. Pine St.
4.4 CITY-ST-ZIP Orlando, FL 32801

5.1 TITLE VPT ☒ Change ☐ Addition
5.2 NAME Laura P. Bennett
5.3 STREET ADDRESS 255 S. Orange Ave, Ste 1225
5.4 CITY-ST-ZIP Orlando, FL 32801

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 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.

CR2E037 (4/97)