

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729438

1. Corporation Name

SOUTHERN BALLET THEATRE, INC.

Principal Place of Business

1111 N. ORANGE AVE.
ORLANDO FL 32804-6407

Mailing Address

1111 N. ORANGE AVE.
ORLANDO FL 32804-6407



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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/12/1974
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	23-7427817
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required
6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent

GARRICK, J J
7061 CANYON LAKE CIRCLE
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

ORLANDO FL 32804

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	President (D)
NAME	SUPOWITZ, LOUIS M	1.2 NAME	Patricia Earl
STREET ADDRESS	151 OVERLOOK RD	1.3 STREET ADDRESS	9754 Chestnut Ridge Drive
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Windermere, Florida 34786
TITLE	PED	2.1 TITLE	Vice President - Fundraising
NAME	JACOBSON, NANCY	2.2 NAME	Rosemary O'Shea (D)
STREET ADDRESS	1730 REPPARD ROAD	2.3 STREET ADDRESS	200 S. Orange Av., Suite
CITY-ST-ZIP	ORLANDO FL 32803	2.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	ST	3.1 TITLE	Secretary (D)
NAME	HOUSTON, MARY RUTH	3.2 NAME	Diana Mucha
STREET ADDRESS	20 N ORANGE AV., SUITE 1000	3.3 STREET ADDRESS	1315 Duskin Av.
CITY-ST-ZIP	ORLANDO FL 32801	3.4 CITY-ST-ZIP	Orlando, Florida 32839-2601
TITLE	TD	4.1 TITLE	Treasurer (D)
NAME	EQUELS, MARY KOGUT	4.2 NAME	R. Scott Shuker
STREET ADDRESS	16 W PINE ST	4.3 STREET ADDRESS	390 N. Orange Av, Suite 600
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE		5.1 TITLE	Vice President (D)
NAME		5.2 NAME	Louis M Supowitz
STREET ADDRESS		5.3 STREET ADDRESS	151 Overlook Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE		6.1 TITLE	Vice President (D)
NAME		6.2 NAME	Julia A. Hobbs
STREET ADDRESS		6.3 STREET ADDRESS	400 E Colonial Dr. #1710
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Orlando, FL 32803

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2009pm99

407 426-1739

Date

Daytime Phone #

001005

CR2E037 (1/98)