

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007378

FILED
Apr 19, 2006
Secretary of State

Entity Name: WEST COAST CIVIC BALLET, INC.

Current Principal Place of Business:

1611 NORTHGATE BOULEVARD
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

1611 NORTHGATE BOULEVARD
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 16-1634368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, DANIEL A
1718 MAIN ST
SUITE 202
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

HOFFMAN, DANIEL A
753 CATTLEMAN ROAD
SARASOTA, FL 34232 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

04/19/2006

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VINTON, DEBORAH
Address: 1611 NORTHGATE BOULEVARD
City-St-Zip: SARASOTA, FL 34234

Title: T () Delete
Name: CLOUD, SARAH
Address: 4706 TICHBORNE CIRCLE
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: ADAMEC, DONALD
Address: 3235 PINE VALLEY DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: VP () Delete
Name: HALL, STEPHANIE
Address: 3705 NORWOOD COURT
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: MCGINN, PETER
Address: 2251 HICKORY AVE.
City-St-Zip: SARASOTA, FL 34234

Title: S () Delete
Name: PETERS, JOAN
Address: 8108 MIDNIGHT PASS RD.
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HEESE, AMANDA
Address: 4006 ROBERTS POINT ROAD
City-St-Zip: SARASOTA, FL 34242

Title: D (X) Change () Addition
Name: STAHLSCHMIDT, ALICE
Address: 467 AVENIDA DE MAYO
City-St-Zip: SARASOTA, FL 34242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA HEESE

Electronic Signature of Signing Officer or Director

T

04/19/2006

Date