# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 01, 2004**
**Secretary of State**

DOCUMENT# N31605

**Entity Name:** SARASOTA BALLET OF FLORIDA, INC.

**Current Principal Place of Business:**

5555 N. TAMIAMI TRAIL
SARASOTA, FL 34243 US

**New Principal Place of Business:**

**Current Mailing Address:**

5555 N. TAMIAMI TRAIL
SARASOTA, FL 34243 US

**New Mailing Address:**

**FEI Number: 65-0135900** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE WARREN, ROBERT
5555 N. TAMIAMI TRAIL
SARASOTA, FL 34243 US

**Name and Address of New Registered Agent:**

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 — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | DP | ( ) Delete |
| Name: | KNOWLES, CHARLES | |
| Address: | 4034 ROBERTS POINT ROAD | |
| City-St-Zip: | SARASOTA, FL 34242 | |
| Title: | DVP | ( ) Delete |
| Name: | KANE, DANIEL | |
| Address: | 614 OWL DRIVE SOUTH | |
| City-St-Zip: | SARASOTA, FL 34236 | |
| Title: | DVP | ( ) Delete |
| Name: | CHIP, JEROLD | |
| Address: | 223 TREMONT LANE | |
| City-St-Zip: | SARASOTA, FL 34235 | |
| Title: | DT | ( ) Delete |
| Name: | MYERS, C. WILLIAM | |
| Address: | 339 BOB WHITE WAY | |
| City-St-Zip: | SARASOTA, FL 34236 | |
| Title: | DVP | ( ) Delete |
| Name: | GITHLER, CHARLES | |
| Address: | 1258 NORTH PALM AVENUE | |
| City-St-Zip: | SARASOTA, FL 34236 | |
| Title: | DS | ( ) Delete |
| Name: | MUIR, DIANE L | |
| Address: | BAY ISLES ROAD | |
| City-St-Zip: | LONGBOAT KEY, FL 34228 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | DT | (X) Change ( ) Addition |
| Name: | CLARKE, ROBERT P | |
| Address: | 1858 RINGLING BOULEVARD | |
| City-St-Zip: | SARASOTA, FL 34236 | |
| 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 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 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: DIANE L. MUIR SECR 04/01/2004

Electronic Signature of Signing Officer or Director — Date