FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49680** **(4)**

1. Corporation Name

BAY BALLET THEATRE, INC.

Principal Place of Business	Mailing Address
201 EAST KENNEDY BLVD. TAMPA FL 33602	401 EAST JACKSON STREET. #2355 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1992
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-3139080 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 599 Corey Ave	26 P.O. Box 173057
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Pete Beach, FL	City & State 28 TAMPA, FL
Zip 24 33706 Country 25 Pinellas	Zip 29 33672-3057 Country 30 Hillsborough

9. Name and Address of Current Registered Agent

GUGGENHEIM, JOHN
401 EAST JACKSON STREET, SUITE 2355
TAMPA FL 33602

10. Name and Address of New Registered Agent

31 Name: D. Scott Tillery
32 Street Address (P.O. Box Number is Not Acceptable): 599 Corey Avenue
33
34 City: St Pete Beach FL 35 Zip Code: 33706

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] D. Scott Tillery 2-20-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when numbered) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	FODIMAN, AARON	1.2 NAME	JoAnne Taylor	
STREET ADDRESS	2531 LANDMARK DRIVE, #101	1.3 STREET ADDRESS	3109 W. Martin Luther King Blvd	
CITY-ST-ZIP	CLEARWATER FL 34621	1.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	VCD	2.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, JOANNE	2.2 NAME	No Vice Chair	
STREET ADDRESS	3109 WEST MARTIN LUTHER KING BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	JONES, CAROLYN	3.2 NAME	Caeolyn Eastman	
STREET ADDRESS	100 N. TAMPA STREET	3.3 STREET ADDRESS	One Harbor Place	
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	Tampa, FL 33601	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	BULNES, JOSETTE	4.2 NAME		
STREET ADDRESS	400 NORTH ASHLEY	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	Executive Director	☒ Change ☐ Addition
NAME	GUGGENHEIM, JOHN	5.2 NAME	D. Scot Tillery	
STREET ADDRESS	401 EAST JACKSON, #2355	5.3 STREET ADDRESS	599 Corey Avenue	
CITY-ST-ZIP	TAMPA FL 33602	5.4 CITY-ST-ZIP	St Pete Beach, FL 33607	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	EASTMAN, CAROLYN	6.2 NAME	—	
STREET ADDRESS	ONE HARBOUR PLACE	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33601	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Josette A. Bulnes Josette A. Bulnes 2-22-95 813-224-5153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014087