

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717064

Entity Name: NORTHWEST FLORIDA BALLET, INC.**Current Principal Place of Business:**310 PERRY AVE. SE
FORT WALTON BEACH, FL 32548**Current Mailing Address:**310 PERRY AVE. SE
FORT WALTON BEACH, FL 32548**FEI Number:** 59-1709205**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLEN, SHARON
6 CAMBRIDGE AVE. NE
FORT WALTON BEACH, FL 32548 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_____
Date**Officer/Director Detail :**

Title	T
Name	SCARPULLA, PAUL
Address	18 SEABREEZE PLACE
City-State-Zip:	PANAMA CITY BEACH FL 32413

Title	P
Name	BORICK, KEN
Address	26 POINTE COURT
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	D
Name	ALLEN, TODD
Address	6 CAMBRIDGE AVE. NE
City-State-Zip:	FORT WALTON BEACH FL 32548

Title	PP
Name	GREENE, KEVIN
Address	8697 ANCHARAGE DRIVE
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	VP
Name	GREENE, DENISE
Address	8697 ANCHARAGE DRIVE
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	S
Name	KELLOGG, NIA
Address	465 LINKSIDE DRIVE
City-State-Zip:	MIRAMAR BEACH FL 32550

I hereby 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 all other like empowered.

SIGNATURE: TODD ERIC ALLEN**DIRECTOR****02/11/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date