

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729438

Entity Name: ORLANDO BALLET, INC.**Current Principal Place of Business:**415 E PRINCETON ST.
ORLANDO, FL 32803**Current Mailing Address:**415 E PRINCETON ST.
STE 4
ORLANDO, FL 32803 US**FEI Number:** 23-7427817**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AHEARN, MATTHEW J
800 N MAGNOLIA AV STE 1500
ORLANDO, FL 32803 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 IMMEDIATE PAST PRESIDENT
Name DOPPELT, AVA K
Address 255 SOUTH ORANGE AV SUITE 1401
City-State-Zip: ORLANDO FL 32801

Title T
Name AHEARN, MATTHEW J
Address 800 N MAGNOLIA AVE STE 1500
City-State-Zip: ORLANDO FL 32803

Title EXECUTIVE VICE PRESIDENT
Name ASHBY, CHRISTI
Address 1111 CHARMING ST.
City-State-Zip: MAITLAND FL 32751

Title S
Name SANDEFUR, JUDY
Address 2153 ALAQUA DRIVE
City-State-Zip: LONGWOOD FL 32779

Title MD
Name FABIAN, KATHERINE S
Address 7615 VILLAGE GREEN DR
City-State-Zip: WINTER PARK FL 32792

Title PRESIDENT
Name BATCHELOR, ANDREA
Address 2125 WESTOVER RESERVE BLVD.
City-State-Zip: WINDERMERE FL 34786

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: KATHERINE FABIAN**MANAGING DIRECTOR****06/16/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date