

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002918

Entity Name: PARADISE BALLET THEATRE PRESENTERS, INC.**Current Principal Place of Business:**328 WILLIAM STREET
KEY WEST, FL 33040**Current Mailing Address:**328 WILLIAM STREET
KEY WEST, FL 33040 US**FEI Number:** 26-2511244**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STAHL, JOYCE E
328 WILLIAM ST.
KEY WEST, FL 33040 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	D
Name	STAHL, JOYCE E
Address	328 WILLIAM ST.
City-State-Zip:	KEY WEST FL 33040

Title	BM
Name	GORMAN, JUDY
Address	946 E. 75TH ST. OCEAN E.
City-State-Zip:	MARATHON FL 33050

Title	TREASURER
Name	HATCH, RICHARD
Address	1701 WHITE ST
City-State-Zip:	KEY WEST FL 33040

Title	BM
Name	BARNES, HEATHER
Address	900 SOUTHARD ST.2ND FL
City-State-Zip:	KEY WEST FL 33040

Title	BM
Name	MORRIS, ERIC
Address	3510 EAGLE AVE.
City-State-Zip:	KEY WEST FL 33040

Title	BM
Name	MORRIS , LISA
Address	3510 EAGLE AVE.
City-State-Zip:	KEY WEST FL 33040

Title	BM
Name	SHARPE, MARIA
Address	418 WILLIAM ST.
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	WINTERS, KRISTEN
Address	1407 PINE ST.
City-State-Zip:	KEY WEST FL 33040

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: JOYCE STAHL**PRESIDENT****07/19/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date