2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004195

Entity Name: WELLINGTON BALLET THEATRE INC.

Current Principal Place of Business:

11260 FORTUNE CIRCLE STE.J-1 WELLINGTON, FL 33414

Current Mailing Address:

11260 FORTUNE CIRCLE STE.J-1 WELLINGTON, FL 33414

FEI Number: 45-2116925

Name and Address of Current Registered Agent:

DUVALL, ROBERT 11260 FORTUNE CIRCLE STE.J-1 WELLINGTON, FL 33414 US

Certificate of Status Desired: No

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

Officer/Director Detail :

	Title	D	Title	D
	Name	LIFSHITZ, MICHAEL	Name	DUVALL, ROBERT
	Address	14534 AUTUMN AVENUE	Address	14955 HORSESHOE TRACE
	City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414
	Title	D	Title	D
	Name	BALLEN, RANDY	Name	DUVALL, DOREEN
	Address	2409 WELLINGTON GREEN DRIVE	Address	14955 HORSESHOE TRACE
	City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414
	Title	D	Title	D
	Title Name	D SOLOMON, AARON	Title Name	D MCART, JAN
		-		-
	Name	SOLOMON, AARON	Name	MCART, JAN
	Name Address	SOLOMON, AARON 13968 PADDOCK DRIVE	Name Address	MCART, JAN 3601 N. MILITARY TRAIL
	Name Address City-State-Zip:	SOLOMON, AARON 13968 PADDOCK DRIVE WELLINGTON FL 33414	Name Address	MCART, JAN 3601 N. MILITARY TRAIL
	Name Address City-State-Zip: Title	SOLOMON, AARON 13968 PADDOCK DRIVE WELLINGTON FL 33414 D	Name Address	MCART, JAN 3601 N. MILITARY TRAIL
	Name Address City-State-Zip: Title Name	SOLOMON, AARON 13968 PADDOCK DRIVE WELLINGTON FL 33414 D SMITH, SARAH 719 DAFFODIL DRIVE	Name Address	MCART, JAN 3601 N. MILITARY TRAIL

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.

ED

SIGNATURE: ROBERT DUVALL

Electronic Signature of Signing Officer/Director Detail

FILED Apr 29, 2013 Secretary of State CC0808486471

04/29/2013 Date

Date