

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41170

Entity Name: BOCA BALLET THEATRE COMPANY**Current Principal Place of Business:**7630 NW 6TH AVENUE
BOCA RATON, FL 33487**Current Mailing Address:**7630 NW 6TH AVENUE
BOCA RATON, FL 33487 US**FEI Number:** 65-0238234**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GUIN, DAN
7630 N.W. 6TH AVE
BOCA RATON, FL 33487 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	P
Name	BOLTZ, VANESSA
Address	2209 NW 23RD WAY
City-State-Zip:	BOCA RATON FL 33431

Title	VP
Name	UDINE, LAURIE
Address	2644 DEVON COURT
City-State-Zip:	DELRAY BEACH FL 33445

Title	DIRECTOR
Name	KNUCKOLLS-ROGER, KATHERINE
Address	8423 DEL PRADO DRIVE
City-State-Zip:	DELRAY BEACH FL 33446

Title	TREASURER
Name	WOOD, VICTORIA
Address	212 KINGS LYNN
City-State-Zip:	DELRAY BEACH FL 33444

Title	D
Name	GUIN, DAN
Address	7630 NW 6TH AVE
City-State-Zip:	BOCA RATON FL 33487

Title	DIRECTOR
Name	DAVENPORT, KATHLEEN L M.D.
Address	7593 BOYNTON BEACH BLVD. #280
City-State-Zip:	BOYNTON BEACH FL 33437

Title	DIRECTOR
Name	VIRGIN, ANDREA
Address	729 N.W. 7TH ST.
City-State-Zip:	BOCA RATON FL 33486

Title	SECRETARY
Name	DUDLEY, ELIZABETH H
Address	7630 NW 6TH AVENUE
City-State-Zip:	BOCA RATON FL 33487

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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: DANIEL GUIN**DIRECTOR****01/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CARSON, STEPHANIE
Address 5909 NW 60TH AVE
City-State-Zip: PARKLAND FL 33067

Title DIRECTOR
Name SHIDE, MONIQUE
Address 1131 SW 15TH ST.
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR
Name MARMOR, SETH
Address 10781 MAPLE CHASE DR.
City-State-Zip: BOCA RATON FL 33498

Title DIRECTOR
Name WILLIAMS, KEN
Address 3307 NW 28TH WAY
City-State-Zip: BOCA RATON FL 33433