2008 NOT-FOR-PROFIT CORPORATION

Mar 10, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT #717064** 03-10-2008 90076 022 ****61.25 1. Entity Name NORTHWEST FLORIDA BALLET, INC. Principal Place of Business Mailing Address 4000 310 PERRY AVE. SE 310 PERRY AVE. SE FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32548 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02292008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1709205 Applied For City & State City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Name ALLEN, SHARON Street Address (P.O. Box Number is Not Acceptable) 6 CAMBRIDGE AVE. NE FORT WALTON BEACH, FL 32548 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. SECRETALLY Addition TITLE Delete TITLE LINDA CAKE WATSON, LINDA NAME NAME P.O. BOX 964 STREET ADDRESS STREET ADDRESS 106 BENNING DR. #7 FT. WALTON BEACH FL 32549 DESTIN, FL 32541 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Past President NAME SAXER, ROBERT J NAME STREET ADDRESS 29 SHARILYN DRIVE STREET ADDRESS CITY-ST-ZIP SHALIMAR, FL 32579 CITY-ST-ZIP Addition TITLE TREASURER Delete TITLE SEEF HOOTON 2000 NINETY EIGHT PALMS BIND NAME LINDLEY, LAUREN STREET ADDRESS 36 INDIAN BAYOU DR STREET ADDRESS CITY-ST-ZIP DESTIN FL 30541 DESTIN, FL 32541 CITY-ST-ZIP PRE SIDENT ■ Addition TITLE TITLE Delete **BARLOTTA, NICHOLAS** NAME NAME STREET ADDRESS 165 SCOTTSDALE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARY ESTHER, FL 32569 ☐ Delete TITLE ☐ Change Addition TITLE ALLEN, TODD NAME NAME STREET ADDRESS 6 CAMBRIDGE AVE. NË STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH, FL 32548 CITY-ST-ZIP

BARBARA BECK LORD 553 Pocchontas Dr. FT. Walter Beach FC 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:-

MELVIN, PAT

STREET ADDRESS | 840 SANTA ROSA COURT

FORT WALTON BEACH, FL 32548

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Director

☐ Change

Addition

FILED