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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723675** (5)

1. Corporation Name

BALLET GUILD OF SANFORD-SEMINOLE, INC.

Principal Place of Business

Mailing Address

2560 ELM AVENUE
P.O. BOX 1381
SANFORD FL 32772

2560 ELM AVENUE
P.O. BOX 1381
SANFORD FL 32772

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/15/1972

4. FEI Number

23-7198893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

SAWCZUK, SALLY
129 GARRISON DR.
SANFORD FL 32771

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
SAWCZUK, SALLY A
STREET ADDRESS
129 GARRISON DR.
CITY-ST-ZIP
SANFORD FL

TITLE ☐ DELETE

NAME
MANTUANO, BARBARA
STREET ADDRESS
1402 TOLSON RD.
CITY-ST-ZIP
DELAND FL 32720

TITLE ☐ DELETE

NAME
RUSSI, MARK
STREET ADDRESS
2413 KEY AVE.
CITY-ST-ZIP
SANFORD FL

TITLE ☐ DELETE

NAME
MCLAMB, ROBIN
STREET ADDRESS
4500 HALLELUJAH WAY
CITY-ST-ZIP
SANFORD FL 32773

TITLE ☐ DELETE

NAME
VALENTINE, ROBERD
STREET ADDRESS
867 SILVERADO CT.
CITY-ST-ZIP
LAKE MARY FL 32746

TITLE ☐ DELETE

NAME
RUSSI, CHERYL
STREET ADDRESS
2413 KEY AVE
CITY-ST-ZIP
SANFORD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Add

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Add

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Add

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara Mantuano *Barbara Mantuano*

1-13-98

(407) 323-1900