

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90016 041 ****61.25

DOCUMENT # 724719

1. Entity Name
THE TALLAHASSEE BALLET, INC.



Principal Place of Business
**218 E. THIRD AVE.
TALLAHASSEE, FL 32303 US**

Mailing Address
**P. O. BOX 772
TALLAHASSEE, FL 32302 US**

24079260



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7273533

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRAUB, JOYCE
3513 CASTLEBAR CIRCLE
TALLAHASSEE, FL 32308**

Name
Ashburn, Lauren

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

1610 Belle Vue Way

City

Tallahassee

FL

Zip Code
32304

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 **Lauren Ashburn, Executive Director**

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

(NOTE: Registered Agent signature required when reinstating)

08/05/04

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TALIAFERRO, E. LENWOOD
5321 TOURAINE DR.
TALLAHASSEE, FL 32308** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SALTERS, AGATHA M
1845 COPPER AXE TR
TALLAHASSEE, FL 32308** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CURVA, FELY
1212 PIEDMONT ROAD
TALLAHASSEE, FL 32312** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
STRAUB, JOYCE
3513 CASTLEBAR CIRCLE
TALLAHASSEE, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CAMPBELL, TINA
1479 MILLSTREAM ROAD
TALLAHASSEE, FL 32312** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**(V)
DICK, KAY
2332 CLARE DRIVE
TALLAHASSEE, FL 32308** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BD
Hart, Martha Olive
272 Roschill Dr. N.
Tallahassee, FL 32312** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SA
Herring, Linda
2141 Ted Hines Dr.
Tallahassee, FL 32308** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
Ashburn, Lauren
1610 Belle Vue Way
Tallahassee, FL 32304** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Beth Kirkland
2961 Golden Eagle Dr.
Tallahassee, FL 32312** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Dick, Kay
2332 Clare Drive
Tallahassee, FL 32308** ☒ Change ☐ Addition

12. 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 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.

SIGNATURE: **Lauren Ashburn**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/05/04
Date

850-224-6917
Daytime Phone #