2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#724719

FILED Jaņ 0<u>8, 2</u>008 Secretary of State

Entity Name: THE TALLAHASSEE BALLET, INC.

Current Principal Place of Business: New Principal Place of Business: 218 E. THIRD AVE. TALLAHASSEE, FL 32303 US **Current Mailing Address: New Mailing Address:** P. O. BOX 772 TALLAHASSEE, FL 32302 US FEI Number: 23-7273533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RADCLIFFE, HOLLY MS. PICHARD, JANET MS. 218 E. 3RD ÁVENUE 218 E. 3RD AVENUE TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 US 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.

OFFICERS AND DIRECTORS:

Address:

City-St-Zip:

SIGNATURE: JANET PICHARD 01/08/2008

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

() Delete () Change () Addition SALTERS, AGATHA M Name: Name: 1845 COPPER AXE TR Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: Title: Title: () Delete (X) Change () Addition PUCKETT, JULI Name: CURVA, FELY Name: Address: 2100 TALLAVANA TRAIL Address: 1212 PIEDMONT DRIVE City-St-Zip: HAVANA, FL 32333 City-St-Zip: TALLAHASSEE, FL 32312 Title: () Delete Title: () Change () Addition JANSEN, STEPHANIE Name: Name: Address: 4418 HIGHGROVE PLACE Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: () Delete Title: Title: (X) Change () Addition RADCLIFFE, HOLLY Name: Name: PICHARD, JANET Address: 218 E. 3RD AVENUE Address: 218 E. 3RD AVENUE City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 Title: () Delete Title: () Change () Addition OLIVE-HALL, MARTHA Name: Name: 272 ROSEHILL DR N Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: () Delete Title: (X) Change () Addition KIRKLAND, BETH TALIAFERRO, LEN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

P.O. BOX 2214

TALLAHASSEE, FL 32306 22

SIGNATURE: AGATHA MUSE-SALTERS MS. 01/08/2008

2961 GOLDEN EAGLE DRIVE

TALLAHASSEE, FL 32312