

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729438

FILED
Mar 20, 2009
Secretary of State

Entity Name: ORLANDO BALLET, INC.

Current Principal Place of Business:

1111 N. ORANGE AVE.
STE 4
ORLANDO, FL 328046407

New Principal Place of Business:

Current Mailing Address:

1111 N. ORANGE AVE.
ORLANDO, FL 328046407

New Mailing Address:

FEI Number: 23-7427817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAHM, LARAINÉ
1111 N ORANGE AVE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HART PRITCHARD, SIBILLE
Address: 401 S. CENTRAL AVENUE
City-St-Zip: OVIEDO, FL 32765

Title: VP () Delete
Name: SILTZER, SCOT A
Address: 1277 N. SEMORAN BVD. SUITE 106
City-St-Zip: ORLANDO, FL 32807

Title: S () Delete
Name: SANDEFUR, JUDY
Address: 2153 ALAQUA DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: BT () Delete
Name: FRAHM, LARRAINE
Address: 8377 RIVERDALE LN
City-St-Zip: CHAMPIONS GATE, FL 33896

Title: VP () Delete
Name: EARL, TRICIA
Address: 9754 CHESTNUT RIDGE DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: VP () Delete
Name: ROOFNER, MARILYN
Address: 86 WEST UNDERWOOD, SUITE 100
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JUDY SANDEFUR

S

03/20/2009

Electronic Signature of Signing Officer or Director

Date