

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729486 (1)

1. Corporation Name
FLORIDA GULF COAST BALLET, INC.

Principal Place of Business 38 N FORT HARRISON AVE PO BOX 1307 CLEARWATER FL 34615-4018	Mailing Address 38 N FORT HARRISON AVE PO BOX 1307 CLEARWATER FL 34615-4018
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2. Principal Place of Business 21 31912 US HWY 19 N Suite, Apt. #, etc.		2a. Mailing Address 26 PO BOX 1307 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/25/1974		3a. Date of Last Report 05/01/1996	
22 City & State PHLEM HARBOR FL		27 City & State CLEARWATER FL		4. FEI Number 59-1801622		Applied For Not Applicable	
23 Zip 34684		28 Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 34684		29 34615-4018		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
						\$5.00 May Be Added to Fees	
						8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DE PARIS, BEATRIZ 1012 GERSHWIN DR LARGO FL 33541				10. Name and Address of New Registered Agent			
				81 Name MARY DEVINE			
				82 Street Address (P.O. Box Number is Not Acceptable) 2064 LITTLE NECK RD			
				83			
				84 City CLEARWATER			
				85 Zip Code FL 34615			

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 *Mary Devine* DATE **4/22/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEVINE, MARY			1.2 NAME	Frances Neu		
STREET ADDRESS	2064 LITTLE NECKED			1.3 STREET ADDRESS	2664 Spyglass Drive		
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIP	Clearwater, FL 34621		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WRIGHT, RONI			2.2 NAME	Linda Motzenbecker		
STREET ADDRESS	416 TENNESSEE AVE.			2.3 STREET ADDRESS	P.O. Box 422 (NA)		
CITY-ST-ZIP	CRYSTAL BEACH FL			2.4 CITY-ST-ZIP	Safety Harbor, FL 34695		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICUS, MARGARITA			3.2 NAME	Darlean Weingarten		
STREET ADDRESS	2317 JONES DRIVE			3.3 STREET ADDRESS	3194 Montrose Ct.		
CITY-ST-ZIP	DUNEDIN FL			3.4 CITY-ST-ZIP	Palm Harbor, FL 34684		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

CR2E037 (9/96)

*Rkt
6-20-97*

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