

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09 1998 8:00am
Secretary of State

**NONPROFIT
CORPORATION
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729486 (1)
1. Corporation Name
FLORIDA GULF COAST BALLET, INC.



Principal Place of Business Mailing Address
**31012 US HWY 19 N.
PALM HARBOR FL 34684** **P.O. BOX 1307
CLEARWATER FL 34615-4018**

3. Date Incorporated or Qualified

04/25/1974

4. FEI Number

59-1801622

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEVINE, MARY
2064 LITTLE NECK ROAD
CLEARWATER FL 34615**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P D** ☐ DELETE
NAME **NEU, FRANCES**
STREET ADDRESS **2064 SPYGLASS DRIVE**
CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE **VP D** ☒ DELETE
NAME **MOTZENBECKER, LINDA**
STREET ADDRESS **P.O. BOX 422 N A**
CITY-ST-ZIP **SAFTEY HARBOR FL 34695**

TITLE **S D** ☐ DELETE
NAME **WEINGARTEN, DARLEAN**
STREET ADDRESS **3194 MONTROSE COURT**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Treasurer**
2.3 STREET ADDRESS **MARGARITA DICUS**
2.4 CITY-ST-ZIP **2317 Jones Dr**
Dunedin FL 34698

3.1 TITLE ☐ Change ☐ Addition
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:

Margarita Dicus

1/28/98

CR2E037 (10/97)