2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004
Secretary of State

DOCUMENT# 729486

Entity Name: FLORIDA GULF COAST BALLET, INC.

Current Principal Place of Business:

31912 US HWY 19 N.
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1307
CLEARWATER, FL 346154018

New Mailing Address:

FEI Number: 59-1801622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEVINE, MARY
31912 US HWY 19 N
PALM HARBOR, FL 34684 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: TD ( ) Delete
Name: DICUS, MARGARITA
Address: 2317 JONES DR
City-St-Zip: DUNEDIN, FL 34698

Title: S\D ( ) Delete
Name: WEINGARTEN, DARLEAN
Address: 3194 MONTROSE COURT
City-St-Zip: PALM HARBOR, FL 34684

Title: PD ( ) Delete
Name: LYONS, CAROLYN
Address: 31912 US HWY 19 N
City-St-Zip: PALM HARBOR, FL 34684

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: MACARIO, SARAH
Address: 950 WEXFORD LEAS BLVD.
City-St-Zip: PALM HARBOR, FL 34683

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

Title: TD (X) Change ( ) Addition
Name: SELTZER, RICHARD
Address: 117 LAKEVIEW ROAD
City-St-Zip: CLEARWATER, FL 33756

Title: BM ( ) Change (X) Addition
Name: WRIGHT, RONI
Address: 416 TENNESEE AVE.
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: BM ( ) Change (X) Addition
Name: DEVINE, MARY
Address: 2064 LITTLE NECK ROAD
City-St-Zip: CLEARWATER, FL 34615

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RONI WRIGHT BM 04/01/2004
Electronic Signature of Signing Officer or Director — Date