

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 729486

1. Entity Name
FLORIDA GULF COAST BALLET, INC.



Principal Place of Business
31912 US HWY 19 N.
PALM HARBOR, FL 34684

Mailing Address
P.O. BOX 1307
CLEARWATER, FL 34615-4018



03152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1801622

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEVINE, MARY
31912 US HWY 19 N
PALM HARBOR, FL 34684

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MACARIO, SARAH
STREET ADDRESS	950 WEXFORD LEAS BLVD.
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	S/D
NAME	WEINGARTEN, DARLEAN
STREET ADDRESS	3194 MONTROSE COURT
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	TD
NAME	SELTZER, RICHARD
STREET ADDRESS	117 LAKEVIEW ROAD
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	BM
NAME	WRIGHT, RONI
STREET ADDRESS	416 TENNESEE AVE.
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681
TITLE	BM
NAME	DEVINE, MARY
STREET ADDRESS	2084 LITTLE NECK ROAD
CITY-ST-ZIP	CLEARWATER, FL 34615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000268131
03/18/05-80030-009 61.25

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #