

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729486

FILED
May 04, 2007
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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

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

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

Title: BM () Delete
Name: WRIGHT, RONI
Address: 416 TENNESSEE AVE.
City-St-Zip: CRYSTAL BEACH, FL 34681

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

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: BM (X) Change () Addition
Name: DEVINE, MARY
Address: 1473 WILLOW BROOK DRIVE
City-St-Zip: PALM HARBOR, FL 34683

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: RONI WRIGHT

BM

05/04/2007

Electronic Signature of Signing Officer or Director

Date