FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **730416** (5)

1. Corporation Name
GAINESVILLE BALLET THEATER, INC.

Principal Place of Business	Mailing Address
1501 NORTHWEST 16TH AVENUE GAINESVILLE FL 32605	1501 NORTHWEST 16TH AVENUE GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/09/1974**
3a. Date of Last Report: **04/14/1994**
4. FEI Number: **59-1552048** ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MESSLER (JONI)
1501 NW 16TH AVENUE
GAINESVILLE FLORIDA FL 32605

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	EBERT, SHEILA	12 NAME	
STREET ADDRESS	17723 NE 21 ST	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☑ Change ☐ Addition
NAME	BENSON, DOROTHY	22 NAME	VPD Buese, Amy
STREET ADDRESS	5504 SW 82 TERR	23 STREET ADDRESS	1421 NW 43rd Terr.
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	TD	31 TITLE	TD ☑ Change ☐ Addition
NAME	RHINE, HELENE	32 NAME	Eplee, Don
STREET ADDRESS	1811 NW 12TH RD	33 STREET ADDRESS	PO Box 644 N/A
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	Waldo, FL 32694
TITLE	SD	41 TITLE	SD ☑ Change ☐ Addition
NAME	DAVIS, NANCY	42 NAME	Buese, Amy
STREET ADDRESS	6823 NW 52 LN	43 STREET ADDRESS	1421 NW 43 Terr
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	Gainesville, Fl 32605
TITLE	D	51 TITLE	☑ Change ☐ Addition
NAME	BENTON, JUDY	52 NAME	
STREET ADDRESS	2603 NE 11TH STREET	53 STREET ADDRESS	5302 NW 24 Place
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP	Gainesville, FL 326066
TITLE		61 TITLE	VPD ☐ Change ☑ Addition
NAME		62 NAME	Scheiffele, Karen
STREET ADDRESS		63 STREET ADDRESS	1903 NW 38th Dr.
CITY-ST-ZIP		64 CITY-ST-ZIP	Gainesville, FL 32605

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: Amy Buese Amy Buese 4/3/95 904-377-7928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003726