FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: 08/09/1974
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EBERT, SHEILA		1.2 NAME		
STREET ADDRESS	17723 NE 21 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BUESE, AMY		2.2 NAME		
STREET ADDRESS	1421 NW 43RD TERR		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	EPLEE, DON		3.2 NAME	ROSE, CINDY	
STREET ADDRESS	PO BOX 644 N/A		3.3 STREET ADDRESS	4313 N.W. 31 TERR.	
CITY-ST-ZIP	WALDO FL		3.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	BUESE, AMY		4.2 NAME	Decker, Kathy	
STREET ADDRESS	1421 NE 43 TERR		4.3 STREET ADDRESS	10115 S.W. 15 Pl.	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	Gainesville, FL. 32605	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BENTON, JUDY		5.2 NAME		
STREET ADDRESS	5302 NW 24 PL		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHEIFFELE, KAREN		6.2 NAME		
STREET ADDRESS	1903 NW 38TH DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Cindy Rose Cindy Rose 2/7/96 352-375-6334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #