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Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 326051501 NORTHWEST 16TH AVENUE
GAINESVILLE FL 32605-40363. Date Incorporated or Qualified
08/09/19743a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1552048

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME EBERT, SHEILA
STREET ADDRESS 17723 NE 21 ST
CITY-ST-ZIP GAINESVILLE FL☐ DELETE1.1 TITLE PD
1.2 NAME Driebe, Clara
1.3 STREET ADDRESS 1520 NW 66 Terr.
1.4 CITY-ST-ZIP Gainesville, FL.☒ Change☐ AdditionTITLE VPD
NAME BUESE, AMY
STREET ADDRESS 1421 NW 43RD TERR
CITY-ST-ZIP GAINESVILLE FL☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE TD
NAME ROSE, CINDY
STREET ADDRESS 4313 NW 31 TERRACE
CITY-ST-ZIP GAINESVILLE FL☐ DELETE3.1 TITLE TD
3.2 NAME ROMANS, RICHARD
3.3 STREET ADDRESS 7525 NW 38TH PL
3.4 CITY-ST-ZIP GAINESVILLE, FL 32606☒ Change☐ AdditionTITLE SD
NAME DECKER, KATHY
STREET ADDRESS 10115 SW 15 PLACE
CITY-ST-ZIP GAINESVILLE FL☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE D
NAME BENTON, JUDY
STREET ADDRESS 5302 NW 24 PL
CITY-ST-ZIP GAINESVILLE FL☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change☐ Addition

14. I do 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 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:

Richard A. Romans

RICHARD A. ROMANS

2/18/97

352-327-4895

CR2E037 (9/96)