

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90042 016 ****61.25

0011203

DOCUMENT # 730416

1. Corporation Name

GAINESVILLE BALLET THEATER, INC.

437033 - 90042 - 10

Principal Place of Business

1501 NORTHWEST 16TH AVENUE
GAINESVILLE FL 32605

Mailing Address

1501 NORTHWEST 16TH AVENUE
GAINESVILLE FL 32605



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/09/1974

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME DRIEBE, CLARA
STREET ADDRESS 1520 NW 66 TERR
CITY-ST-ZIP GAINESVILLE FL

TITLE VPD ☐ DELETE

NAME BUESE, AMY
STREET ADDRESS 1421 NW 43RD TERR
CITY-ST-ZIP GAINESVILLE FL

TITLE TD ☐ DELETE

NAME ROMANS, RICHARD
STREET ADDRESS 7525 NW 38 PL
CITY-ST-ZIP GAINESVILLE FL

TITLE SD ☒ DELETE

NAME DECKER, KATHY
STREET ADDRESS 10115 SW 15 PLACE
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ DELETE

NAME BENTON, JUDY
STREET ADDRESS 5302 NW 24 PL
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Decker, Brian
1.3 STREET ADDRESS 10115 SW 15th Place
1.4 CITY-ST-ZIP Gainesville FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE SD ☒ Change ☐ Addition

4.2 NAME Mary Fleming
4.3 STREET ADDRESS PO Box 13678
4.4 CITY-ST-ZIP Gainesville, FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Richard A. Romans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

352-377-4895

Daytime Phone #

CR2E037 (11/98)