


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90024 046 \*\*\*\*61.25

<b>DOCUMENT # 730416</b> 1. Entity Name <b>GAINESVILLE BALLET THEATER, INC.</b>					
Principal Place of Business <b>1501 NORTHWEST 16TH AVENUE GAINESVILLE, FL 32605</b>			Mailing Address <b>1501 NORTHWEST 16TH AVENUE GAINESVILLE, FL 32605</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1552048</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MESSLER (JONI) 1501 NW 16TH AVENUE GAINESVILLE FLORIDA, FL 32605</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COPD AYERS, KAY <input type="checkbox"/> Delete 6222 NW 19 PLACE GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COPD GRAY, MIMI <input type="checkbox"/> Delete 1021 NW 40 TERR GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUDLOW, JULIE <input type="checkbox"/> Delete 10230 SW 38TH PLACE GAINESVILLE, FL 32607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHUNK, MARIANNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 913 NW 20 TERRACE GAINESVILLE, FL 32603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOMLINSON, LEAH <input type="checkbox"/> Delete 10214 S.W. 38TH PLACE GAINESVILLE, FL 32607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTON, JUDY <input type="checkbox"/> Delete 5302 NW 24 PL GAINESVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BORRTON, DENISE <input type="checkbox"/> Delete 3846 NW 34TH STREET GAINESVILLE, FL 32606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Marianne Schunk</u> <b>MARIANNE SCHUNK</b> 1/19/05 352-215-6008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

40003455



01152005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-1552048

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COPD  
AYERS, KAY ☐ Delete  
6222 NW 19 PLACE  
GAINESVILLE, FL 32605

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COPD  
GRAY, MIMI ☐ Delete  
1021 NW 40 TERR  
GAINESVILLE, FL 32605

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
LUDLOW, JULIE ☐ Delete  
10230 SW 38TH PLACE  
GAINESVILLE, FL 32607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
SCHUNK, MARIANNE ☒ Change ☐ Addition  
913 NW 20 TERRACE  
GAINESVILLE, FL 32603

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
TOMLINSON, LEAH ☐ Delete  
10214 S.W. 38TH PLACE  
GAINESVILLE, FL 32607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
GAINESVILLE, FL 32606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
BORRTON, DENISE ☐ Delete  
3846 NW 34TH STREET  
GAINESVILLE, FL 32606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Marianne Schunk **MARIANNE SCHUNK** 1/19/05 352-215-6008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #