


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90047 042 ****61.25

DOCUMENT # 730416 1. Entity Name GAINESVILLE BALLET THEATER, INC.					
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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip			
Country		Country			
<div style="display: flex; justify-content: space-between;"> 01062007 Chg-NP CR2E037 (12/06) </div>					
4. FEI Number 59-1552048				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MESSLER (JONI) 1501 NW 16TH AVENUE GAINESVILLE FLORIDA, FL 32605			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$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	PD BOUTON, DENISE <input type="checkbox"/> Delete 1501 NORTHWEST 16TH AVENUE 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	VPD BOOK, LORI <input type="checkbox"/> Delete 1501 NORTHWEST 16TH AVENUE 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 SCHMINK, MARIANNE <input type="checkbox"/> Delete 913 NW 20 TERRACE GAINESVILLE, FL 32603		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOMLINSON, LEAH <input checked="" type="checkbox"/> Delete 10214 S.W. 38TH PLACE GAINESVILLE, FL 32607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEVERLY VIDAURRETA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6318 SW 84 Terrace Gainesville, FL 32608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTON, JUDY <input type="checkbox"/> Delete 5302 NW 24 PL GAINESVILLE, FL 32606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUSH, MARILYN <input type="checkbox"/> Delete 1501 NORTHWEST 16TH AVENUE GAINESVILLE, FL 32605		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 exemptions contained in Chapter 119, 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: <i>Marianne Schmink</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/6/07 352-215-6008 <small>Date Daytime Phone #</small>		