

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730416

FILED
Jan 11, 2009
Secretary of State

Entity Name: GAINESVILLE BALLET THEATER, INC.

Current Principal Place of Business:

1501 NORTHWEST 16TH AVENUE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

1501 NORTHWEST 16TH AVENUE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-1552048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOUTON, DENISE
Address: 3946 NW 39 PL
City-St-Zip: GAINESVILLE, FL 32606

Title: VPD () Delete
Name: SHEEHAN, ELIZABETH
Address: 225 SW 40 TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: TD () Delete
Name: MESSLER, CLARKE
Address: 1501 NW 16 AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: SD () Delete
Name: WINN, ANA
Address: 528 SW 6 PL
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: MESSLER, JONI
Address: 1501 NW 16 AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: VPD () Delete
Name: GRAY, MIMI
Address: 1021 NW 40 TERRACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE BOUTON

PD

01/11/2009

Electronic Signature of Signing Officer or Director

Date