2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# 742158

Entity Name: THE FLORIDA BALLET AT JACKSONVILLE, INC.

Current Principal Place of Business:

300 EAST STATE STREET
SUITE E
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

300 EAST STATE STREET
SUITE E
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-1837297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYRD, LAURIE P
114 LA PASADA CIR N
PONTE VEDRA BEACH, FL 32082 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: DV ( ) Delete
Name: BYRD, LAURIE P
Address: 114 LA PASADA CIR N
City-St-Zip: PONTE VEDRA, FL 32082

Title: DP ( ) Delete
Name: SELLERS, MARC
Address: 5106 CHARLEMANGE RD.
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: LEVAN, LEILA
Address: 8475 WESTERN WAY
City-St-Zip: JACKSONVILLE, FL 32257

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: JENKINS, SUZANNE
Address: 4040 WOODCOCK DR. SUITE 111
City-St-Zip: JACKSONVILLE, FL 32207

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: LAURIE P. BYRD DV 01/26/2009

Electronic Signature of Signing Officer or Director — Date