

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749956

FILED
Apr 28, 2005
Secretary of State

Entity Name: JACKSONVILLE CONCERT BALLET COMPANY, INC.

Current Principal Place of Business:

1273 KING ST
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1273 KING ST
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-2030340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERS, DEBRA
1398 MURRAY DR
JACKSONVILLE, FL 32205 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: T () Delete
Name: DAVIS, NAN S
Address: 3121 SECRET WOODS TRAIL W
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP () Delete
Name: PETERS, DEBRA,
Address: 1398 MURRAY DR
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: BARRY, SUE
Address: 4521 ORISTANO RD
City-St-Zip: JACKSONVILLE, FL 32244

Title: P () Delete
Name: TROTTER, GEORGE S.,
Address: 4837 LONGBOW
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: MILLER, GUNNAR
Address: 1354 CHALLEN AVE.
City-St-Zip: JACKSONVILLE, FL

Title: S () Delete
Name: LITZ, WANDA
Address: 2884 LORIMERTER
City-St-Zip: JACKSONVILLE, FL 32207

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
Name:
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 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 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: NAN S DAVIS

T

04/28/2005

Electronic Signature of Signing Officer or Director

Date