

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:41

DOCUMENT # 751225

(4)

1. Corporation Name

DAYTONA BEACH CIVIC BALLET, INC.

Principal Place of Business

Mailing Address

157 FAIRVIEW AVE.
P O BOX 6335
DAYTONA BEACH FL 32122-3335

157 FAIRVIEW AVE.
P O BOX 6335
DAYTONA BEACH FL 32122-3335

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1980

3a. Date of Last Report

01/27/1994

4. FEI Number

59-2040366

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLISON, DEBBIE
37 WOODLAKE DR
PORT ORANGE FL 32119

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Debbie Ellison, Executive Dir., Vice President

DATE

1-29-95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	HUDAK, BAMBI	57A CAROL ROAD	ORMOND BEACH FL
VP	ELLISON, DEBBIE	37 WOODLAKE DR	PORT ORANGE FL
D	BROWN, MURIEL	1701 LOUISIANA RD.	S. DAYTONA FL
T	NEVES, JOAN	400 JESSAMINE	DAYTONA BEACH FL
S	D'LOUHY, LYNN	108 RIO PINAR TRAIL	ORMOND BEACH FL
D	GROSS, PAULETTE	1609 OCEAN DUNES TERRACE	DAYTONA BCH FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Debbie Ellison, EXECUTIVE DIR., (VP)

Date

1-29-95

Signature Printed

761-3192