

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90033 035 ****61.25

DOCUMENT # 762421 1. Entity Name MARION PERFORMING BALLET COMPANY					
Principal Place of Business 1713 SW 17TH ST. OCALA, FL 34474			Mailing Address 1713 SW 17TH ST. OCALA, FL 34474		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03302004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1923455	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMITH, JEANNE BENSON 480 NW 80TH AVE. OCALA, FL 34482				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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, BETTY		NAME		
STREET ADDRESS	3521 SW 42ND ST		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34447		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, JEANNE BENSON		NAME		
STREET ADDRESS	480 NW 80TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 00000, 34482		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMANUS, JANE		NAME	PD SMITH, TAMMY	
STREET ADDRESS	1601 NE JACKSONVILLE RD.		STREET ADDRESS	19 ALMOND RD	
CITY-ST-ZIP	CITRA, FL 32113		CITY-ST-ZIP	OCALA, FL 34472	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, TAMMY		NAME	V SOKOL, DAVID A	
STREET ADDRESS	19 ALMOND RD		STREET ADDRESS	4061 SE 25TH TERACE	
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP	OCALA, FL 34480	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEST, MARLENE		NAME		
STREET ADDRESS	10371 SE 172 LN		STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD, FL 34491		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Betty Williams</u> TREAS BETTY WILLIAMS <u>3/30/04</u> <u>352-237-2356</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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