

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90228 005 ****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

50003222



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1923455

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent

BENSON, NICOLE M
480 NW 80TH AVE.
OCALA, FL 34482

Name
NICOLE M BENSON
Street Address (P.O. Box Number is Not Acceptable)
1713 SW 17TH ST
Ocala, FL
City
Ocala, FL Zip Code
34474

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WILLIAMS, BETTY
3521 SW 42ND ST
OCALA, FL 34447 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BENSON, NICOLE M
480 NW 80TH AVE
OCALA, FL 34482 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
1713 SW 17TH ST
Ocala, FL 34474 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SMITH, TAMMY
19 ALMOND RD.
OCALA, FL 34472 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CATHERINE BALIUS
3923 SE 17TH AVE
Ocala, FL 34471 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SOKOL, DAVID F
4061 SE 25TH TERRACE
OCALA, FL 34480 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DIANA BRAGGS
3385 SW 17TH AVE
Ocala, FL ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WEST, MARLENE
10371 SE 172 LN
SUMMERFIELD, FL 34491 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SALLY LAZO
645 SW 48TH ST RD
Ocala, FL 34474 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Betty Williams
Betty Williams, TREAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/06
Date

352-237-2356
Daytime Phone #